

# **General Meeting of Council of Governors**

**5<sup>th</sup> December 2024**

## **AGENDA**

**A general meeting of the  
Council of Governors will take place on  
Thursday 5<sup>th</sup> December 2024  
from 17:30-19:30**

via

**Microsoft Teams virtual meeting  
(by invitation only)**

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# Agenda

No.	Item	Report	Led by	Time
1.	Introduction and welcome		Chair	17:30
2.	Apologies for absence and quoracy check <sup>1</sup> <i>Apologies to be sent to Nicola Gill</i> <a href="mailto:nicola.gill@oxfordhealth.nhs.uk">nicola.gill@oxfordhealth.nhs.uk</a>		Chair	
3.	Declarations of interest on matters pertinent to the agenda	Verbal	Chair	
4.	Minutes of last meeting on 3 October 2024 and matters arising – <i>to approve</i>	CoG 22/2024	Chair	
5.	Chair's report and new Lead Governor appointment	CoG 23/2024	Chair	17:35
6.	Lead Governor's update	CoG 24/2024	Lead Governor	17:45
7.	Chief Executive's report	CoG 25/2024	CEO	17:55
8.	Questions arising from papers in the Reading Room	Verbal	All	18:05
9.	Annual Plan – initial priorities for FY25/26 <i>To be tabled and circulated after meeting due to annual planning process timeframe</i>	Presentation	Executive Director of Strategy & Partnerships	18:15
10.	Patient and Carer Race Equality Framework (PCREF) update	CoG 26/2024	Chief Nurse	18:30
11.	Non-Executive Director Update ○ Lucy Weston – reflections of a NED See below link for Lucy's profile <a href="#">Board of Directors - Oxford Health NHS Foundation Trust</a>	Verbal	Lucy Weston	18:45
12.	Governor Code of Conduct	CoG 27/2024	Associate Director of Corporate Affairs	18:55
13.	Update on forthcoming elections	Verbal	Deputy Director of Corporate Affairs	19:00

<sup>1</sup> Apologies received: None received.  
Governor Apologies: None received.

14.	Questions from the public		Chair	19:05
15.	Close of public meeting		Chair	19:10
<b>Session in private – Chair and Governors only</b>				
16.	Minutes of last meeting on 3 October 2024 and matters arising – <i>to approve</i>	CoG 28/2024	Chair	19:10
17.	Confirmation of Chief Executive appointment	Verbal	Chair	19:15
18,	Nominations and Remuneration Committee report – Non-Executive Director reappointments	CoG 29/2024	Associate Director of Corporate Affairs	19:20
19.	Close of private meeting		Chair	19:30
Date of next meeting:				
<ul style="list-style-type: none"> <li>CoG Meeting – 06 March 2025</li> </ul>				
<b>READING ROOM/APPENDIX</b>				
Please find below information you may wish to access for information for questions and debate.				
Quarterly Trust Performance supporting materials <ul style="list-style-type: none"> <li>Integrated Performance Report (RR/App_CoG 10/2024)</li> <li>Finance Report (RR/App_CoG 11/2024)</li> <li>Quality Dashboard (RR/App_CoG 12/2024)</li> </ul>				

**Council of Governors**  
**Member Attendance 2024 - 2025**

Name (Governor)	Term Ends	14 Mar 2024	12 June 2024	03 Oct 2024	05 Dec 2024
Evin Abrishami	31/05/2025	✓	Apols	✓	
Dilshard Alam	31/05/2027		Apols		
Cllr Tim Bearder	19/12/2025	x	x	x	
Martyn Bradshaw	31/05/2025	✓	x	x	
Maud Bvumbe	31/05/2027		x		
James Campbell	31/05/2027				
Jonathan Cole	31/05/2024	x			
John Collins	31/05/2025	x			
Natalie Davis	31/05/2025	x			
Kate England	31/05/2025	Apols	x	✓	
Gillian Evans	31/05/2024	x			
Julien FitzGerald	31/05/2027	x	✓	✓	
Anna Gardner	31/05/2027	✓	✓	✓	
Benjamin Glass	31/05/2025	✓	x	x	
Bernice Hewson	31/05/2027		✓	x	
Dr Mike Hobbs	31/05/2025	✓			
Nyarai Humba	31/05/2027	x	Apols	✓	
Juliet Hunter	31/05/2027		✓	✓	
Ekenna Hutchinson	31/05/2024	✓			
Christiana Kolade	31/05/2024	✓			
Carolyn Llewellyn	06/09/2026	✓	Apols	✓	
Benjamin McCay	31/05/2027	✓	Apols	x	
Andrea McCubbin	31/12/2026	✓	✓	Apols	
Jacqueline-Anne McKenna	31/05/2024	x			
Cllr Zahir Mohammed	17/03/2027		✓	Apols	
Petr Neckar	31/05/2025	x	x	x	
Vicki Power	31/05/2027	✓	✓	Apols	
Paul Ringer	14/09/2026	✓	✓	✓	
Srikesavan Sabapathy	31/05/2025	✓	Apols	✓	
Emma Short	31/05/2025	Apols	✓	Apols	
Graham Shelton	30/07/2025	✓	✓	✓	

Jules Timbrell	31/05/2027		Apols	✓	
Name (NED)	Term Ends	14 Mar 2024	12 June 2024	03 Oct 2024	05 Dec 2024
David Walker	31/03/2025 (2 <sup>nd</sup> )	✓	✓	✓	
David Clark	16/07/2025 (1 <sup>st</sup> )	Apols	✓	✓	
Geraldine Cumberbatch	31/03/2025 (1 <sup>st</sup> )	Apols	✓	✓	
Chris Hurst	31/03/2026 (3 <sup>rd</sup> )	✓	✓	✓	
Philip Rutnam	31/12/2024 (1 <sup>st</sup> )	✓	✓		
Mohinder Sawhney	31/12/2026 (2 <sup>nd</sup> )	✓	Apols	✓	
Richard Trainor	31/03/2025 (1 <sup>st</sup> )	✓	Apols	✓	
Lucy Weston	28/02/2025 (2 <sup>nd</sup> )	✓	✓	✓	
Andrea Young	31/12/2024 (1 <sup>st</sup> )	✓	Apols	✓	
Name (Executive)		14 Mar 2024	12 June 2024	03 Oct 2024	05 Dec 2024
Amelie Bages		✓	Maternity Leave	✓	
Rob Bale		✓	Apols	✓	
Georgia Denegri			✓	Apols	
Charmaine De Souza		✓	✓	Apols	
Britta Klinck		Apols	Apols	✓	
Grant Macdonald		Apols	✓	✓	
Karl Marlowe		✓	Apols	Apols	
Ben Riley		Apols	Apols	✓	
Kerry Rogers		✓			
Heather Smith		Apols	✓	✓	

**Oxford Health NHS Foundation Trust**

**Council of Governors**

**[DRAFT] Minutes of the meeting held on  
03 October at 17:30  
via Microsoft Teams**

**CoG 22/2024**  
(Agenda item: 04)

In addition to the Trust Chair and Non-Executive Director, David Walker, the following Governors were present:

**Present:**

Anna Gardner (**AG**)  
Evin Abrishami (**EA**)

Kate England (**KE**)  
Julien FitzGerald (**JF**)

Nyarai Humba (**NH**)  
Juliet Hunter (**JH**)  
Carolyn Llewellyn (**CM**)  
Paul Ringer (**PR**)  
Srikesavan Sabapathy (**SS**)  
Graham Shelton (**GS**)  
Jules Timbrell (**JT**)

Public: Buckinghamshire (Lead Governor)  
Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilts  
Carers  
Patient Governor: Service Users Buckinghamshire & other counties  
Carers  
Public: Oxfordshire  
Oxford Brookes University  
Age UK Oxfordshire  
Public: Oxfordshire  
Oxford University Hospital  
Staff: Corporate Services

**In attendance from the Trust:**

Grant Macdonald (**GM**)  
Amelie Bages (**AB**)  
Rob Bale (**RB**)

David Clark (**DC**)  
Geraldine Cumberbatch (**GC**)  
Chris Hurst (**CH**)  
Britta Klinck (**BK**)  
Ben Riley (**BR**)

Mohinder Sawhney (**MS**)  
Heather Smith (**HS**)  
Rick Trainor (**RT**)  
Lucy Weston (**LW**)  
Andrea Young (**AY**)  
Ben Cahill (**BC**)  
Nicola Gill (**NG**) (*minutes*)

Chief Executive  
Executive Director of Strategy & Partnerships  
Executive Managing Director for Mental Health, Learning Disabilities and Autism  
Non-Executive Director  
Non-Executive Director (*part meeting*)  
Non-Executive Director  
Chief Nurse  
Executive Managing Director for Primary, Community & Dental Care Services  
Non-Executive Director  
Chief Finance Officer  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director  
Deputy Director of Corporate Affairs  
Executive Project Officer

**Presenters:**

Donna MacKenzie  
Mohamed Patel

Experience & Involvement Team Manager  
Head of Inclusion

**Observers:**

Karen Mawema

Member of the Public

**PUBLIC**

<b>1.</b> a	<b>Introduction and welcome from the Chair</b> The Trust Chair welcomed all those present to the virtual Council of Governors' (CoG) meeting. He reminded governors there was an in private governors' meeting following the public meeting.	<b>Action</b>
<b>2.</b> a  b  c  d	<b>Apologies for absence and quoracy check</b> Apologies received from the Governors: Andrea McCubbin, Vicki Power; Emma Short and Zahir Mohammed.  Absent without apology: Tim Bearder; Martyn Bradshaw; Benjamin Glass; Bernice Hewson; Benjamin McCay; and Petr Neckar.  Apologies received from the Board: Karl Marlowe, Chief Medical Officer; Charmaine De Souza, Chief People Officer (Joe Smart deputising); and Georgia Denegri, Associate Director of Corporate Affairs.  The meeting was confirmed to be quorate.	
<b>3.</b> a	<b>Declaration of interests</b> <b>Register of interests</b> The register was noted, and no additions declared.	
<b>4.</b> a  b	<b>Minutes of last Meeting on 12 June 2024 and Matters Arising</b> The minutes of the last meeting held on 12 June 2024 were approved as a true and accurate record, and noted the matter arising, to bring the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) information was on the agenda.  <b>The Council approved the minutes and noted the matter arising, to bring WRES/DES information was on the agenda.</b>	
<b>5.</b> a  b  c  d  e  f	<b>Update Report from Chair</b> The Trust Chair took his report as read.  The Chair noted that Nick Broughton had now been appointed as the substantive Chief Executive of BOB ICB and wished him well in this new role. He thanked Grant Macdonald along with his executive director colleagues for the interim senior management arrangements and pushing us forward in a period of uncertainty for them.  The Non-Executive Directors (NEDs) have now agreed the process for appointing the trust's substantive Chief Executive and the advertisement has now been placed for this position.  The Chair spoke about the 110 <sup>th</sup> anniversary of MIND Bucks which served as a reminder of the richness in the landscape around us in the voluntary community and social enterprise sector.  The Chair updated the Council on the Deputy Lead Governor position confirming that both Sri Sabapathy and Vicki Power had expressed interests in this position. He requested the Council approved both appointments both for a period of one year.  <b>The Council APPROVED the appointments.</b>  <b>The Council noted the report.</b>	

<p><b>6.</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p><b>Chief Executive report</b></p> <p>The Chief Executive took his report as read, highlighting that over August the country experienced violent, racist riots, period of civil unrest and protests causing significant distress and anxiety for communities across the country and of course for colleagues and the people the Trust serves. In response the Trust focussed on providing support for colleagues and patients affected. He thanked those colleagues from the race equality, and religion and spirituality networks who supported colleagues and their loved ones during this time.</p> <p>The Chief Executive commented on the recent Annual General Meeting held at Didcot Civic Hall on 10 September – highlighting the presentations given by staff. A full report of this meeting containing all the presentations from the evening is available on the Trust website.</p> <p>The Chief Executive highlighted that at the recent Board of Directors meeting they discussed the Lord Darzi report into the NHS including its considerations on mental health and community services and historic funding for these. He noted the importance of finding ways to be more innovative, including digital options and careful investment. He highlighted the pressures placed on Community Nursing in Oxfordshire and that this has been discussed at a tri-partite meeting involving NHS England, the Buckinghamshire, Oxfordshire &amp; Berkshire West Integrated Care Board (BOB ICB), and the Trust in collaborating on these services.</p> <p><b>The Council noted the report.</b></p>	
<p><b>7.</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p> <p>f</p>	<p><b>Lead Governor update</b></p> <p>Anna Gardner took her report as read.</p> <p><b>Action:</b> Noting that it Black History Month, the Lead Governor requested that an update on the Patient Carer Race Equality Framework (PCREF) be brought to the December council meeting.</p> <p>The Chief Nurse reassured the Lead Governor that she had planned to report back to the Council in December on the progress of PCREF.</p> <p>The Lead Governor noted that her term would end in December, and after some consideration, she had decided not to stand again as lead governor.</p> <p>A member of the public asked who oversaw PCREF? The Chief Nurse responded that herself and her colleague the Executive Managing Director for Mental Health, Learning Disabilities and Autism were the Executive leads on this programme. The Associate Director Social Care and Social Work, Daniel Mercier, was the project lead. A member of the public asked if it was already ongoing and how many patients/carers were involved. The Chief Nurse responded that there were 5 or 6 experts by experience on the project board and noted that more detail would be available in the report at the December Council meeting.</p> <p>Nyarai Humba raised her concerns around PCREF noting it was a statutory requirement to address cultural, systemic and institutional racism. She raised concerns regarding the areas PCREF would be seeking to address including:</p> <ol style="list-style-type: none"> <li>1. Leadership and Governance – as a mental health carer governor for the last 3 years she commented that OHFT leadership have behaved as if racism does not exist, have not taken any interest in learning about this, how it manifests in mental health services and how to make meaningful changes that benefit people of colour; and</li> </ol>	<p><b>BK</b></p>



	<p>2. Data Quality and tracking – for 3 years governors have been asking for data on how patients arrive for admission, the use of restraints, and the treatment and care offered. Governors have not received these statistics. She commented that OHFT lacks the data they need to inform PCREF anti-racist policy making. She commented that no exit polls were done for those governors who had left since 2021. She spoke about PALS being the only feedback method she had used in the previous 8 years and read out a comment from PALS about her being a serial complainant.</p>	
g	The Chair assured Nyarai Humba that a full report on PCREF would be a main item of the December meeting and noted that the serious charges she had made had been listened to.	
h	Kate England commented that as public governor she was also frustrated and felt Nyarai's frustration regarding communication and inclusion within different subjects. She noted she was an advocate for the armed forces community and commented that she felt the recent piece of research done on this was narrow and flawed at the point of being undertaken. Kate felt the trust as whole, from the perspective of a public governor, was not inclusive and felt this had got worse since Mike Hobbs left his role as lead governor. Anna Gardner thanked Kate and noted her comments.	
i	<b>The Council noted the update.</b>	
<b>8.</b>	<b>Updates from sub-groups</b>	
a	No updates received.	
<b>9.</b>	<b>Non-Executive Director</b>	
a	Gerladine Cumberbatch, Non-Executive Director introduced herself noting she had joined the trust in 2022. She shared her reflections of her time in post to date noting that Oxford Health was a large and vibrant trust and works particularly hard in terms of its staff but also governors in an area of care than can often be fraught with a lot of challenges. She commented she was impressed by how hard staff work on a day-to-day basis.	
b	She talked about sitting on mental health act panels and that this had helped inform her of the day-to-day work carried out. They are well managed for people whose detention is still being considered, were done with a lot of care, observance of the law has to be considered and encouraged her fellow governors to sit on these panels as provided a good inside into how the trust worked.	
c	In terms of staff, she noted there were a lot of hard working, good-spirited staff who were resolute every day regardless of what is facing them, often thinking out of the box in order to serve the patients in the best way possible. She acknowledged there were areas of work still needed, especially in areas of race and disability equality Oxford Health was still facing challenges and felt this was being acknowledged and embraced.	
d	Despite certain challenges, in particular with the wider challenges faced by the ICB on a positive note there was a lot to look forward to. The Trust were uniquely placed in terms of its research resources, some of which is extremely exciting and helps to shed a light on the trust along with the Warneford Project. She concluded that her time to date had been a positive one and she had been impressed, primarily by the hard-working commitment of the staff.	

e	Julien FitzGerald raised his concerns about the comments made earlier regarding PALS as he only had positive experiences with them. The Chair offered assurance that the issues raised by Nyarai Humba had been investigated at length previously by colleagues in the Corporate Affairs team.	
f	<b>The Council noted the update.</b>	
10.	<b>Questions arising from papers in Reading Room</b>	
a	Paul Ringer raised the following from the Integrated Performance Report at paper RR/App CoG 07/2024: <i>Slide 16...</i> <b>Response from Mental Health Crisis Service within 4 hours (Very Urgent)</b> – National average 69% vs. Oxfordshire 37.50% <i>Slide 41...</i> <b>Statutory and mandatory training compliance</b> – Target 95% vs. actual 88.94%	
b	The Chief Executive responded regarding the statutory and mandatory training noting the Trust's big concern was face to face training and how staff get to that, particularly for resus training for example.	
c	The Executive Managing Director for Mental Health, Learning Disabilities and Autism responded regarding the performance for the 4 hour target for referrals for mental health is low in Oxford and explained there were a number of new targets being reported on, the structure of Oxfordshire services means that not all of the data collected by them is reported, which is a technical issue about NHS England collects some of the information. Work is currently being undertaken to work out a way of accurately reflecting the performance and if there are issues around performance challenge ourselves on this.	
d	Juliet Hunter asked if there was an update on item 10d in the minutes about Governor Engagement in the Community Services Transformation Programme. The Executive Managing Director for Primary, Community & Dental Care Services responded that an update had been given to a previous Council of Governors meeting and would check the status of any governor engagement and feedback.	
e	Graham Shelton noted that it was very positive that Nick Broughton was now confirmed as CEO of the BOB ICB and hopefully a Chair of BOB would be appointed before too long. Lead governors across providers in the ICB have been coming together to take a view on how they can help to integrate care across BOB. The Chair noted that there had been an appointment to the Chair of BOB, Dr Priya Singh, who was also the Chair of Frimley ICB.	
11.	<b>Workforce Race Equality Standards (WRES) &amp; Workforce Disability Equality Standard update (WDES)</b>	
a	The Chief Executive noted that this was a request from Governors to look in more detail at these indicators commenting that while there had been a lot of improvement there was still progress to be made.	
b	The Head of Organisational Development introduced himself and the Head of Inclusion and introduced the paper. On WRES he noted there were a number of indicators included in the report and drew the Council's attention to the ones directly related to the NHS Staff Survey, namely indicators 4, 5, 6, 7 and 8. As can be seen in the report these have all improved on previous years and whilst this is positive, the Trust needs to keep pushing this agenda forwards.	

**PUBLIC**

	Some of those which are more disappointing are those indicators around staff who are entering the disciplinary process as the score worsened this year despite work being undertaken to make this process a more equitable one.	
c	The WDES also pulls on metrics from the staff survey and are covered in the report by metrics 5, 6, 7 and 8 which are around how staff are feeling. All of these metrics feature in the improvement narrative which is positive to see although there is much more work to be done. He noted there was still a lot of work to be undertaken around representation in the higher bands and around staff who have registered as disabled and are saying they are experiencing harassment, bullying and abuse. This is a focus of work to ensure this is an equitable and fair place of work which links into the Restorative, Just and Learning Culture programmes and the Civility and Respect agenda.	
d	Anna Gardner asked what they thought accounted for the worsening metric on harassment and bullying in both the WRES and WDES. The Head of Organisational Development responded that as the Trust raises the standard around what acceptable behaviour is in the organisation, people are not accepting behaviours that they may have in the past which means they are reporting it, and the numbers rise.	
e	Anna Gardner sought clarification on whether the measures being put in place were working because people now feel safe enough to report issues. The Head of Organisation Development responded he felt this was the case.	
f	The Chief Executive highlighted people entering the disciplinary processes and the importance of oversight of this it being an area of concern. The Head of Inclusion concurred it was a troubling indicator and felt the interventions put in place recently provided a level of scrutiny along with checks and balances had helped improve this although there was still room for improvement. He also noted the new policy needed time to be implemented as it did have at its core the Restorative and Just Learning Culture theme embedded as a golden thread throughout. He commented that the WRES and WDES provided a quantitative analysis of workforce disability and race data and gave his team the impetus to look at what was working well on an annual basis.	
g	Evin Abrishami spoke about the lack of diversity in the higher banded roles and asked what the barriers were to these? The Head of Inclusion responded that in terms of progression it was an important area the OD team were reviewing options. The Head of Organisational Development commented that from a structural point of view they were committed to adding Inclusion representatives to senior interview panels (band 8c, 8d and 9 roles) and then - as more Inclusion representatives are trained - throughout the organisation to have a commitment that all interviews for 8a and above roles have an Inclusion representative on the panel.	
h	Andrea Young noted there was an Inclusion representative at the last interview panel for a board level position and they were outstanding and felt there was real value to that, but the Trust also need to encourage people to apply for the roles.	
i	Anna Gardner thanked the Head of Organisational Development and Head of Inclusion for their time and Mindy Sawhney and Charmaine De Souza for the work that has gone into this.	
j	<b>The Council noted the update.</b>	
<b>12.</b>	<b>Children &amp; Adolescent Mental Health (CAMHS) – Sharing of outcomes of Youth Action Group (ran by Unloc)</b>	

**PUBLIC**

a	The Experience & Involvement Team Manager explained this presentation was on Unloc, an external provider who have been working with CAMHS for the last few years around young people’s participation.	DM
b	Ffion Gore – Experience and Involvement Lead for CAMHS Oxfordshire - shared the presentation with the Council explaining that Unloc is a leading education non-profit organisation helping schools, colleges and organisations inspire and empower young people to be changemakers. Unloc and OHFT have been working together since 2021 to provide young people the opportunity to work collaboratively with their local health trusts and improve the services available to them. Overall, this has been a positive experience, and they were currently deciding on project ideas for the coming year.	
c	Discussions took place around social media and how this can have a negative impact but if used correctly can have a positive impact and help provide a positive message/image to the public and change perceptions.	
d	Kate England commented that projects like this could only have a positive effect on CAMHS public perception and bringing lived experience into any project can only be a positive.	
e	<b>Action:</b> To involve a young people’s panel as part of the recruitment process for the Associate Director of Communications – particularly on use of social media. The Experience & Involvement Team Manager confirmed they were happy to support this suggestion.	
f	<b>The Council noted the update.</b>	
13. a	<b>Appointment of External Auditors – for decision</b> The Chief Finance Officer updated the Council of Governors on the current external audit arrangements and the procurement options going forward when the initial two-year period with Ernst & Young (EY) for external audit services comes to an end, and to seek approval for a 24-month extension. The paper was previously presented to the Audit Committee on 3 September 2024 at which it was recommended for the council to approve an extension to the contract by 2 years.	
b	<b>The Council APPROVED the proposal to extend the appointment of the External Auditors.</b>	
14. a	<b>Questions from the public</b> None.	
15. a	<b>Close of meeting</b> Meeting closed at 19:00	
Date of next meeting: 05 December 2024		

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust**

**CoG 23(i)/2024**  
(Agenda item: 05)

**Council of Governors**

**Thursday 05 December 2024**

**Trust Chair's Report**

**For: Information**

It has been a busy autumn, during which we finally managed to secure the leadership of the Trust. This is an important responsibility I carry along with the other non-executive directors on the Board and our obligations to our communities and staff have been at the front of our minds. We will today ask you to confirm the appointment of Grant Macdonald as substantive Chief Executive of Oxford Health. It is important to note that this is a non-executive director appointment and what we ask the Council to approve is that we followed the Trust's process for the appointment of a CEO and that it was fair, open and transparent.

You will recall that Dr Nick Broughton, who became Chief Executive of Oxford Health in 2020, had moved to be the interim Chief Executive of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) some 18 months ago and Grant, previously Managing Director of Mental Health and Learning Disability, had been appointed as the interim Chief Executive.

Following the appointment of Dr Broughton as substantive Chief Executive of the BOB ICB, we held an open recruitment campaign for the role, which included stakeholder panels with staff, governors and external partners. The final interview panel comprised the NHS England Regional Director for South East region, the Chief Executive of Southern Health as independent CEO from another Trust, the Head of the University of Oxford Department of Psychiatry, an inclusion representative from our staff, an expert by experience, myself and Andrea Young, the non-executive who chairs the Quality committee. We were impressed by the candidates, but it was felt Grant made the best pick. The interview panel's recommendation was received and approved by the Board of Directors' Nominations and Remuneration Committee comprising all the non-executive director members of the Board. I am grateful to everyone who generously gave their time to participate in the process.

Grant's selection has allowed us to press ahead with a number of initiatives already in train but also avoid further disruption in the Trust's leadership, and I would like to thank him in this public forum for his patience during a drawn-out process. Next week Grant will lead the Board in looking ahead at priorities in the New Year and beyond.

Other comings and goings include the departure of Professor David Clark, who is the nominee of the University of Oxford. Professor Clark felt his various research projects were proving too time consuming to allow him to continue. I hope to bring to the Council some names of possible successors soon. We have vital connexions with the University, and it enhances the Board to have a senior academic among its members.

Also departing is Dr Ben Riley, who becomes Chief Medical Officer of BOB ICB. Ben is a GP, who has been our Chief Operating Officer for Community Health Services, Dentistry and Primary Care. We look forward to collaborating with him in his new role.

The government is seeking to refocus the NHS on where the public has most connexion with it, in primary care. As a Trust we of course have extensive connexions with GPs across our area and in addition provide primary care in Oxfordshire, through our out-of-hours GP service and the variety of community health services, which range from podiatry through district nursing to rehabilitation and stroke care. And the list must not neglect the work of our dentists, helping vulnerable children and adults. The ambition is to base many more services where people live, in local areas and neighbourhoods, more closely integrated with GPs. We have recently created a single point of access for patients needing community health services in Oxfordshire, staffed by experienced clinicians and administrators, able to evaluate needs and link with the best service – we hope a simpler and more efficient way of using NHS resources for the benefit of people. We are talking to Oxford University Hospitals (the John Radcliffe as it's known locally) about specialist clinics nearer where people live.

A vital part of this picture are the voluntary bodies and charities that are such a strength of the Oxfordshire and Buckinghamshire areas. We have been talking recently about how we look after patients with severe mental illness who are reluctant to use or even resistant to services – as part of our response to the homicides committed in Nottingham. It's sometimes the case that voluntary bodies are more trusted and working with them we can better ensure both the public's and the patient's safety.

**Author and Title: David Walker, Trust Chair**

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Council of Governors  
5 December 2024**

**CoG 23(ii)/2024**  
(Agenda Item: 05)

**Lead governor appointment**

Summary

Over October 2024, governors were emailed by the Associate Director of Corporate Affairs for expressions of interest in the role of lead governor to replace Anna Gardner in the role from January 2025. This paper sets out the expression of interest received, and an appointment recommendation.

Background

Foundation Trusts are required to have a lead governor role as set out in NHS England's Code of governance for NHS providers. Oxford Health's role description for the position of lead governor can be found in Appendix 1.

Expressions of interest received

The deadline for expression of interests was the 8 November 2024. One expression of interest was received from Vicki Power (Staff governor – Buckinghamshire Mental Health services, and Deputy Lead Governor as of 3 October 2024). Vicki Power's supporting statement is set out below:

*'I have been an elected staff governor for 18 months and in this time with my other staff governors have raised the profile of the staff governor role. Initiatives such as a governor stand at the new staff induction days, introduction of a governor intranet site where staff can learn more about governors and how we support staff, presented on webinars hosted by the exec teams have all helped raise the profile.*

*Personally, I've been able to attend all meetings required of me within my governor role and extra such as attendance at the Financial and Investment Committee.*

*Oxford Health, like other NHS organisations, face challenges. As governors we can observe and support the Trust, through our relationships with our chairman and non-executive directors.*

*I believe that if I was successful at being appointed as lead governor, I can build on strengthening these relationships for the betterment of our staff, patients and carers.'*

#### Recommendation

Governors are asked to approve the appointment of Vicki Power as Lead Governor for a one year period effective from January 2025. If approved, Vicki Power will cease to undertake her role as Deputy Lead Governor meaning that Srikesavan Sabapathy will be the sole Deputy lead governor.

**Author:** Ben Cahill, Deputy Director of Corporate Affairs

**Lead executive:** Georgia Denegri, Associate Director of Corporate Affairs



## **Appendix 1 – Oxford Health Lead Governor role description**

### **Lead Governor**

#### **Role Description**

##### **Accountability:**

The Lead Governor is accountable to the Council of Governors collectively as a serving Member of the Council. Any governor can be appointed as Lead Governor and only the Council of Governors can appoint the Lead and Deputy Lead Governor.

##### **The Role:**

- To be an external point of contact for NHS England where it may be considered inappropriate for the Chairman or his nominated deputy, or for the Director of Corporate Affairs to deal with a particular matter.
- To chair meetings of Council of Governors where the Trust Chair, Vice-Chair or other Non-Executive Director cannot chair the meeting due to a conflict of interest.
- To facilitate communications and a good working relationship between the Governors and the Board of Directors including acting as the principle independent channel for communications between the Governors and Board of Directors through the Chairman, Chief Executive, Director of Corporate Affairs or Senior Independent Director.
- To consult routinely with the Governors, Chair and Director of Corporate Affairs regarding the planning and preparation of the Council of Governors agenda.
- To be an ex-officio member of the Nominations and Remuneration Committee.
- To contribute to the appraisal of the Chairman by the Senior Independent Director, supported by the Director of Corporate Affairs, in accordance with the process determined by the Council of Governors including the collation of input from other Governors and the Nominations and Remuneration Committee on the performance of the Chairman.
- To contribute to the determination of the appraisal process of the Non-executive Directors to be undertaken by the Chairman and supported by the Nominations and Remuneration Committee.

- To recommend to the Council of Governors on behalf of the Nominations and Remuneration Committee any appointments/reappointments of Chair and/or Non-executive Directors.
- To take an active role in the activities of the Council of Governors and to meet with the Chairman and Director of Corporate Affairs on a regular basis to discuss relevant issues.
- To support the Chairman and Director of Corporate Affairs in any action to remove a Governor due to unconstitutional behaviour in accordance with the Code of Conduct.
- To be involved in the induction process for any newly appointed Governors.
- The Lead Governor may call upon the support of the other Governors, the Chairman, the Director of Corporate Affairs and the Senior Independent Director to carry out their role effectively for the benefit of the Council of Governors.
- In liaison with the Chairman and Director of Corporate Affairs, support the development of the skills and strengths of the Council of Governors and raise public awareness of Governors.
- Other duties as requested by the Council of Governors or the Chairman.

### **The Person:**

To fulfil this role effectively, the Lead Governor will need to:

- Have the confidence of Governor colleagues and members of the Board of Directors
- Understand NHS England's role, the available guidance and the basis upon which NHS England may take regulatory action
- Be committed to the success of Oxford Health and understand the Trust's Constitution
- Have the ability to influence and negotiate
- Be able to present a well-reasoned, unbiased argument

### **The Appointment:**

The tenure is one financial year with the option for re-election annually in accordance with due process, for a period up to the full tenure of the elected Governor's 'appointment'.

In accordance with a process agreed by the Council of Governors, the Director of Corporate Affairs' office will administer an annual nomination and election/re-election procedure that will require: -

- Submission of an expression of interest (for re-election and for new election candidates)
- Submission of a statement for support of no more than 150 words supporting candidature (only for NEW nominations and/or contested elections);
- Presentation of a 5-minute address to the relevant Council meeting;
- Election by 'show of hands' or by secret ballot as determined by the relevant Council meeting.

**Updated in August 2024 in line with the updated Code of Governance for NHS Provider Trusts, issued by NHS England, which came into effect from 1 April 2023.**

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Council of Governors**

**CoG 24/2024**  
(Agenda item: 06)

**Thursday 05 December 2024**

**Lead Governor Update**

**For: Information**

This Council meeting will mark the end of my term as Lead Governor. I am also stepping down as Public Governor for Buckinghamshire. As I prepare to hand over to my successors, I reflect on the challenges for mental health services generally and future priorities for the Council.

With the new government's much anticipated NHS 10-year plan due to be launched in May 2025, I listened with interest to the Health and Social Care Secretary, Wes Streeting's speech at the NHS Providers annual conference on 13<sup>th</sup> November 2024. He said: "345,000 people are waiting more than a year for mental health treatment - that's more than the entire population of Leicester" (Rt Hon Wes Streeting). What he did not say was that NHS England's own data shows that health inequalities are entrenched across its mental health services, and not enough is being done to address them. Here are some examples:

- Lesbian, gay, and bisexual adults are more than twice as likely to report having a longstanding mental, behavioural or neurodevelopmental condition than heterosexual adults – 16% compared with 6% of heterosexual adults in England 2011-2018. Source: NHS England 2021
- in the year to March 2023, black people were 3.5 times as likely as white people to be detained under the Mental Health Act – 228 detentions for every 100,000 black people, compared with 64 for every 100,000 white people. Source: ONS
- the black 'other' group had the highest rate of detention out of all ethnic groups (715 detentions for every 100,000 people). Source: ONS

Between 2018 - 2023, The King's Fund collated qualitative data from lots of different people who experience the worst health outcomes about their

experiences of using health and care services in England. These are some of the common themes in the stories they shared:

- discrimination and racism
- not being treated with empathy or genuinely listened to
- lack of communication from services
- feeling of powerlessness
- practical barriers, eg, travel costs
- shame and stigma
- services not being flexible, holistic, or inclusive enough.
- lack of trust and engagement due to negative experiences in the past.

I know that governors do not have direct responsibility for clinical governance, but we are responsible for hearing and raising concerns and adverse experiences highlighted by patients, carers, Trust staff and the wider public. We must consider how effectively we do this. To my mind, the following are priorities:

1. Clarification of the governor role and what it means to “hold Non-Executive Directors to account”.
2. Continued engagement with and involvement of our constituents and the public, some of which could be achieved most effectively in collaboration with Oxford University Hospitals’ governors, Primary Care partners and other key partners, especially small voluntary organisations who are at the coalface of service provision in our communities.
3. Further development of collaborative relationships with governors of other Trusts within the BOB ICS, but also in the Swindon, Wiltshire, Bath & NE Somerset areas which are often “forgotten” due to the Oxford-centric nature of this Trust.

Having said all of that, it would be remiss of me not to say that there is innovative and outstanding work being undertaken by the Trust which we hear about at Council meetings and to which I have become privy in my capacity as Lead Governor and judge of the Trust’s Exceptional People Awards. I am also pleased to see Grant Macdonald about to be confirmed as Trust Chief Executive, and with a new Director of Corporate Affairs now appointed, stability has been re-established at executive level.

Over the last 12 months as Lead Governor and the 3 and a half years as governor, it has been a privilege – and mostly a pleasure! - to support and work with OHFT governors, Non-Executive Directors, and our constituents. I have also met and worked with many Trust staff who support our activities. I owe particular thanks to Cheryl (who organises the Exceptional People Award) Nicola (who organises Council and other meetings/events), Ben, Georgia, Grant, and David.

I thank you all.

**Author and Title: Anna Gardner, Lead Governor**

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Council of Governors  
05 December 2024**

**CoG 25/2024**  
(Agenda Item: 07)

**Chief Executive's Report**

The 10 Year Health Plan

There has been a range of NHSE policy/guidance emerging as the new government sets in train its response to Lord Darzi's review of the NHS which will be drawn together in the 10-year plan due in the spring. The 10 Year Health Plan is part of the government's health mission to build a health service fit for the future. The government has said it will co-develop the plan with the public, staff and patients through a detailed engagement exercise. To do this, they have launched 'Change NHS: help build a health service fit for the future'. As a trust we will ensure individuals, and the organisation have the opportunity to contribute to this response. Alongside this as a trust we will, and are taking steps alongside partners in the system to ensure we are in the best position to deliver this plan.

Board of Directors meeting – 27 November 2024

Last week (27 November) the board of directors met as a public meeting. I know that a few governors joined the meeting to observe which is good as it's a direct way for governors to see the business of the Trust. As usual the meeting covered a wide range of topics from across the Trust. Among these we heard a powerful patient story from a young person giving an honest account of their experience of children and adolescent mental health services (CAMHS) – my thanks to the young person, their family and colleagues at the Trust for the informative discussion that followed. We also heard a staff story on the impact of occupational therapy in supporting people's in recovery and to live their lives as they want – thanks to Rachel Stamp for telling us about her work and for her enthusiasm.

The Trust, like all other mental health providers, is seeking to actively learn from the tragic murders in Nottingham last year and to review and act on CQC recommendations on intensive and assertive mental health care for people with severe mental health conditions.

The board have discussed this a number of times and at last week's meeting we heard an update on self-assessment work and planned actions.

The board also discussed progress being made on establishing a mental health provider collaborative across the integrated care board geography; progress against the Trust's annual plan priorities (the 2025/26 draft priorities will be presented to governors in the meeting); winter resilience work; and update reports from non-executive directors on the committees that they chair.

### Annual Quality Improvement conference

On the 15<sup>th</sup> October the Trust held its third annual quality improvement (QI) conference. The event brought together colleagues from across the Trust to share and showcase innovation and to learn from each other and exchange ideas. I opened the conference and it was great to meet so many colleagues focused on continuous improvement and enhancing patient care and experience and to hear from Cath Richards from the Centre for Sustainable Healthcare. There was also an impressive QI poster competition with 45 submissions across the following categories: Be a great place to work, Deliver the best possible care and outcomes, Involving patients and carers in QI, Make the best use of resources and protect the environment, and a People's choice award. My thanks to all colleagues for their valuable work and congratulations to the winners.

### Black history month 2024

October was Black History Month and the Trust marked this with a range of events and activities, including online events for staff on understanding race and racism, language and terminology of race, and facilitating allyship. The month provides the opportunity to not only look back at shared histories but also to celebrate and showcase some strong examples of work that are making a positive difference to organisations and society.

### Speak Up Month 2024

October was Speak Up Month – a month to raise awareness of Freedom to Speak Up support and arrangements and to make speaking up as easy as possible and 'business as usual' for everyone. As chief executive, I want all colleagues to feel confident to speak up and recognise that this confidence will only come from knowing that people will be listened to and that action will follow. As such the theme of the month was to 'listen up' recognising the power of listening with respect and compassion. As an executive team and as a board of directors we receive regular updates from the Freedom to Speak Up guardians which are extremely helpful in allowing us to understand trends and actions.

### Celebrating Allied Health Professionals

The 14<sup>th</sup> October was national Allied Health Professionals day and the Trust held its own celebration day focusing on quality and safety. Allied health professionals play a vital role in the treatment and rehabilitation of patients and the improvement of people's lives, and are the third largest clinical workforce within healthcare. There are 14 allied health professions with 9 within Oxford Health these being physiotherapists, occupational therapists, dietitians, speech and language therapists, art therapists, paramedics, podiatrists, music therapists and orthoptics. My thanks and recognition to all our AHPs and to those involved in the day.

### Keystone Connect opens in Chipping Norton

It's great to see that a further Keystone mental health and wellbeing hub has opened in Oxfordshire, this time in Chipping Norton, following other hubs opening in places including Oxford, Banbury and Abingdon over the last year or so. The hubs aim to offer local people support for their mental health in easy access locations such as high streets. The Chipping Norton hub has opened in collaboration with charity The Branch.

### Buckinghamshire Early Engagement and Prevention Service supporting people at risk of developing psychosis

I was pleased to hear about the launch of a new service in Buckinghamshire to support people at risk of developing psychosis. The Buckinghamshire Early Engagement and Prevention (BEEP) service supports people aged 14-35 who have experienced mild or brief psychotic symptoms and aims to offer support and care as soon as possible to prevent further episodes leading to longer-term, more distressing and challenging psychotic symptoms. BEEP is part of the Early Intervention in Psychosis service which supports people experiencing their first episode of psychosis.

### Single point of access for adult referrals into same day care

Earlier in November, a new single point of access (SPA) service launched for adult referrals into Oxford Health's same day care teams. Since its launch, the team has been working with both its staff and healthcare professionals using the SPA to understand how it is working and any adjustments that may be needed to make it as effective as possible. The aim of the new SPA service is to ensure that healthcare professionals can refer their patients for care of the best team to meet their needs in a timely way.

### Community nursing review

The Trust is working with partners across the Buckinghamshire, Oxfordshire, and Berkshire West system to review current community nursing services and how these can be improved



in future. This project - which is being facilitated by the local Integrated Care Board - got underway in September and will run into next year to identify, assess and, where practical, develop new models of care with engagement with patients.

Finally, I'm aware that this will be the last CoG meeting for Anna Gardner in her role as lead governor – my thanks to Anna for all her hard work and commitment in this role; and more personally her support and encouragement for me while in the interim CEO role.

**Grant Macdonald, Chief Executive**

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust**

**CoG 26/2024**  
(Agenda item: 10)

**Council of Governors**

**5<sup>th</sup> December 2024**

**Patient and Carer Race Equality Framework (PCREF)**

**For Information and Assurance**

**Executive Summary**

This Report is to give an oversight on the Patient Race Equality Framework (PCREF) to the committee, our implementation journey with the framework and progress made to date. It summarises the key implementation activities to be undertaken within the next 12 weeks.

**The report covers highlights on:**

- Brief overview of the framework.
- Introduction to workstreams and next steps.
- Progress made to date.

**The main focus of the next quarter will be;**

- Improving data quality for ethnicity and other protected characteristics.
- Supporting directorates with QI projects which are supportive of PCREF's aims.

**Recommendation**

The Committee is asked to note the report, take assurance that implementation of the framework is on track, against milestones set out in Appendix 1.

**Author and Title:** Daniel Mercier – Associate Director of Social Work and Social Care

**Lead Executive Directors:** Britta Klinck, Chief Nurse & Dr Rob Bale, Executive Managing (MH and LD)

**MAIN BODY OF THE REPORT**

The PCREF is a core part of the [Advancing Mental Health Equalities strategy](#). It was also a key recommendation of the Independent Review of the Mental Health Act 2018 that NHS England (NHSE) agreed to take forward.

Over the last 4 weeks, we have refocused the workstreams to;

- Be supported or contributed to by colleagues with a responsibility in the relevant area – for example, Trust’s carers lead to attend the lead group.
- Ensure expert-by-experience representation in each workstream.
- Ensure reflective space for experts-by-experience – separate to the business of PCREF delivery.
- Have their output communicated to internal clinical teams and VCSE partners via engagement sessions.
- Be supportive of directorate-led QI projects which are supportive of the PCREF agenda.

## 5 main workstreams for PCREF

### 1. Governance and Leadership.

**Purpose of group:** The purpose of this group is to develop the governance and leadership around PCREF.

**Main tasks of group:**

To ensure all the relevant stakeholders have been engaged in the PCREF process.

VCSE groups.

Statutory Partners (SCAS, TVP, Local Authorities).

Faith and community groups.

Defining what we mean by anti-racist and anti-oppressive practices in the PCEEF and agreed a Trust position with a set of key values to monitor Trust behaviours and culture.

This should be founded on a data-driven analysis of the Trust’s current performance around race equity.

Develop a mechanism to independently evaluate the implementation of the PCREF at a local level with patients, carers, the workforce, VCSE partners and racialised and ethnically and culturally diverse communities and publish the findings.

Development of an independent shadow board which reviews PCREF implementation, consisting of local community leaders, patients/carers and VCSE partners.

### 2. Policy and Practice.

**Purpose of group:** To develop organisational competencies and approaches (including research) which better meets the needs to people from ethnically and culturally diverse backgrounds.

**Main tasks of group:**

- a. To co-produce approaches to practice which better services service users from ethnically and culturally diverse backgrounds (including the development of specialist advisors on needs of particular communities).
- b. Oversee Quality Improvement projects being undertaken in a diverse range of clinical settings within the Trust.
- c. To co-produce research needs and priorities.

3. Legislative and Statutory Compliance.

**Purpose of group:** To develop a range of policies which supports staff from ethnically and culturally diverse backgrounds.

**Main tasks of group:**

- a. Overlay of Six High-Impact Actions:
  - i. Explore how the six high-impact actions can be overlaid with the existing frameworks.
  - ii. Identify any gaps in the current approach and adjust accordingly.
- b. To provide comment and scrutiny on policies developed to support and empower staff.

4. Data and Information.

**Purpose of group:** Ensure data is captured and used effectively to measure access, experience and outcomes for people from racialised communities.

**Main tasks of group:**

- a. To create a 'snapshot' of our current performance on race equity measures.
  - I. What we measure specifically.
  - II. Over what period.
  - III. Decide how this will be presented.

Requirement	Data Source	Duration
Access: Talking Therapy access rates – by ethnic group.	Talking Therapies.	Last financial year.
Outcome: Detention Numbers by section of MHA – per quarter against general population.	Quarterly MHA report.	Last financial year.
Outcome: Duration of CTO by ethnicity.	Quarterly MHA report.	Last financial year.

Experience: Reducing Restrictive Practices.	Trust's Online Business Intelligence System (TOBI).	Last financial year.
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The above snapshot will form the data-led foundation of our **anti-racism statement**.

- b. To create a permanent dashboard to evidence how we are fulfilling our core requirements in meeting the needs of people from ethnically and culturally diverse backgrounds.
- c. To create a plan to improve data quality.
  - a. Start a Trust-wide campaign as a way to engage front-line staff across the Trust to improve the way they capture equalities data.

#### 5. Patient and Carer Feedback.

**Purpose of group:** To develop a Patient and Carer Feedback Mechanism which tracks progress over time.

**Main tasks of group:**

- a. To ensure that complaints received from racialised and ethnically and culturally diverse patients and carers are recorded, themes noted and actioned appropriately.
- b. Co-producing which access, experience, and outcomes measures to monitor routinely as part of PCREF.

<http://obmhintranet.obmh.nhs.uk/TR/brand/Pages/default.aspx> ]

## Appendix 1

### Patient and Carer Race Equality (PCREF) Framework

[illegible]

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Council of Governors  
5 December 2024**

**CoG 27/2024**  
(Agenda item: 12)

**Amendments to Code of conduct for governors**

Summary

The Code of conduct for governors aims to support the effective working of the council and sets out the role, responsibilities and standards of conduct expected by elected and appointed governors. This paper proposes some updates to the Code of conduct for governors. The majority of the amendments are 'housekeeping' updates, for example referencing with other governance documents, but the proposal also include an update to the process for resolving and investigating any alleged breaches of the Code by governors and/or complaints about governor standards of conduct. The finalised Code will be included as an appendix in the Governor's Handbook.

Amendments

Appendix 1 of this paper sets out the proposed amendments to the Code of conduct for governors. Deletions are shown in strikethrough text. Additions and changes are shown in blue text.

Minor amendments include:

- Updates to any references to other Trust governance documents or policies or NHS England documents e.g. Trust constitution or NHS England's Code of governance for NHS providers (2023);
- Any updates to titles where these have changed; and
- Addition of paragraphs on governor requirements to complete a declaration of interests form, a fit and proper persons form, and to declare abiding by the code of conduct.

Following review of the current investigation process for any alleged breaches of the Code, it is recommended that this process be replaced to make it a more pragmatic and streamlined process for the Chair, any investigating governors, and the investigated governor. It is proposed that the current process be replaced by a 'Chair's investigation' approach following an initial attempt to seek an informal resolution.

The current investigation approach is lengthy and requires the set-up of a range of panels and may require the involvement of a large number of governors (to populate the panels). Due to the availability of governor time this may be impractical and may prevent an investigation process being run and completed effectively.

The proposed 'Chair's investigation' model would require fewer governors to be involved placing less commitment on the Council as a whole and not subjecting any investigated governor to a wider process than is necessary.

The proposed investigation model for alleged breach of code is set out on pages 16-18 of Appendix 1 of this report.

#### Recommendation

Governors are asked to review the proposed amendments to the Code of conduct for governors (as shown in Appendix 1) and, subject to any feedback, approve the Code for finalisation and inclusion in the Governor's Handbook. The Code will take effect once approved.

**Author:** Ben Cahill, Deputy Director of Corporate Affairs

**Lead executive:** Georgia Denegri, Associate Director of Corporate Affairs



# Code of conduct for governors

Code of conduct for governors of Oxford Health NHS Foundation Trust (the “Code”)

## 1 Introduction

- 1.1 This Code expands on and should be read in conjunction with the Trust’s Constitution (a copy of which can be obtained from [Constitution - Oxford Health NHS Foundation Trust](#)). The Constitution is the primary document within the Trust’s governance framework and details the way in which the Trust operates. In addition to the Constitution this Code should be read in conjunction with the following documents. Governors are recommended to familiarise themselves with these documents.
  - 1.1.1 the Trust’s Standing Orders for the Council of Governors;
  - 1.1.2 [relevant Trust policies and procedures in relation to the role of governors for example conflicts of interest; and](#)
  - 1.1.3 NHS England’s Code of governance for NHS providers (2023) which can be found at [NHS England » Code of governance for NHS provider trusts](#)
- 1.2 This Code sets out the required standard of behaviour and conduct for Governors. Compliance with this Code is mandatory as set out in the Constitution. [The aim of the Code is to set out the standard of conduct expected of governors to enable collegiate working, mutual respect and the effective working of the Council of Governors as a whole.](#)
- 1.3 Any comments or queries regarding the meaning, interpretation or application of this Code should be raised with the Director of Corporate Affairs.
- 1.4 Unless otherwise stated, terms in this Code shall have the same meaning as set out in the Trust’s Constitution.

## 2 Eligibility for [and ceasing to be a governor](#)

- 2.1 Governors must continue to meet the eligibility criteria as set out in the Constitution at paragraph 7 to hold the office of governor throughout their period of tenure.
- 2.2 Governors must notify the Director of Corporate Affairs in writing immediately upon becoming aware of any changes in their circumstances which means that the governor is no longer eligible to hold the office of:
  - 2.2.1 governor; or

2.2.2 governor in respect of the constituency or class of governor the represents.

Such notice should include the nature of the change in circumstance and why the governor believes it affects their eligibility to hold the office of governor. Governors are reminded that the detailed termination of tenure and disqualification provisions for governors are set out in the Constitution at paragraphs 6.5 and 6.6 respectively.

2.3 In accordance with the provisions of the Constitution, a governor may resign from being a governor at any time during the term of that office by giving notice in writing to the Director of Corporate Affairs. Such notice shall take effect immediately upon receipt by the Director of Corporate Affairs or at such later date as may be specified in the notice.

2.4 Where a governor has resigned from office that governor shall:

2.4.1 co-operate with the Director of Corporate Affairs and Chairman so as to effect a timely and orderly handover of any matters with which the governor is involved;

2.4.2 promptly return to the Director of Corporate Affairs or destroy at the Director of Corporate Affairs' request such paperwork relating to the Trust and the work of the Council of Governors as the governor may have in their possession; and

2.4.3 continue to comply with the requirements of the Constitution, this Code and the Standing Orders for the Council of Governors until such time as this resignation takes effect.

### 3 Duties of governors

3.1 The general duties of the Council of Governors in accordance with the Constitution are to:

3.1.1 hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and

3.1.2 represent the interests of the members of the Trust as a whole and the interests of the public.

3.2 The Council of Governors shall also carry out its statutory duties under National Health Service Act 2006 as referred to in the Constitution.

3.3 The Governors shall carry out these duties in good faith and to the best of their abilities at all times.

3.4 Upon appointment, and at least annually, governors are asked to complete a declaration of interests form. This document must also be updated where a material change occurs. A register of interests will be maintained by the Director of Corporate Affairs. Failure by a Governor to declare an interest, real or perceived, could result in the complaints process being

instigated by the Trust. Depending on the circumstances and severity of the conflict, this may result in the Governor being removed from office

3.5 Governors must be a 'fit and proper person' and must certify on appointment, and each year, that they are/remain a fit and proper person. An unfit person is an individual who:

3.5.1 has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

3.5.2 has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it;

3.5.3 within the preceding five years has been convicted of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or

3.5.4 who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

3.6 Upon appointment, governors are asked to declare and sign that they will abide by the Code (see Appendix 4 – Code of conduct declaration)

#### 4 **Trust policies**

4.1 Governors shall comply with and promote within the Trust the following:

4.1.1 the Trust's Management of concerns (Whistleblowing) policy;

4.1.2 the Trust's zero tolerance policy

4.1.3 the Trust's equal opportunities policy; and

4.1.4 such other reasonable Trust policies as are notified to the governors in writing from time to time.

4.2 The policies referred to at paragraph 4.1 are available on request from the Director of Corporate Affairs. The Director of Corporate Affairs shall notify the governors if any changes are made to the policies referred to at paragraph 4.1.

#### 5 **Social inclusion**

5.1 Governors shall ensure that they do not conduct themselves in their role as governors in such a way as to:

5.1.1 prejudice any part of the community on the grounds of age, sex, gender, disability, marital status, sexual orientation, nationality, ethnic origin or religious belief; or

5.1.2 promote any personal or political view that undermines the objective of this clause 5.1.

#### 6 **Governor obligations**

- 6.1 In carrying out their role governors shall:
- 6.1.1 comply with the Constitution, the Standing Orders for the Council of Governors and this Code;
  - 6.1.2 actively support the agreed vision and aims of the Trust in developing a successful Trust for the people of Oxfordshire, Buckinghamshire, Swindon, Wiltshire and BaNES, and other areas of Trust service delivery;
  - 6.1.3 act in the best interests of the Trust at all times;
  - 6.1.4 seek to engage with and understand the views of: the members within their constituency, or the appointing organisation, in order to effectively represent those views within the Council of Governors;
  - 6.1.5 contribute to the work of the Council of Governors in order for it to fulfil its role as defined in the Constitution;
  - 6.1.6 recognise that the Council of Governors exercises collective decision-making on behalf of local people, stakeholders and staff and abide by such decisions as are made within that forum;
  - 6.1.7 acknowledge that, other than when attending meetings and events as a governor, governors will have no rights or privileges over any other member of the Trust;
  - 6.1.8 recognise that the Council of Governors has no managerial role within the Trust and that it is the Board of Directors which is responsible for the management of the Trust;
  - 6.1.9 value and respect all other governors and the Trust's staff and officers that come into contact with Governors;
  - 6.1.10 respect the confidentiality of the information received in the role as a governor;
  - 6.1.11 act with integrity and objectivity and in the best interests of the Trust, without any expectation of personal benefit;
  - 6.1.12 attend meetings of the Council of Governors on a regular basis and in accordance with the requirements of this Code and the Constitution in order to carry out the role;
  - 6.1.13 conduct themselves in a manner that reflects positively on the Trust, and act as an ambassador for the Trust.

## **7 Personal conduct of governors**

- 7.1 Governors must adhere to the highest standard of conduct in the performance of their role of governor.
- 7.2 Governors must, while carrying out their role of governor:

- 7.2.1 acknowledge that the Trust is an apolitical organisation;
- 7.2.2 acknowledge that they are representing the constituency (whether a Public constituency, a Staff constituency or a Patient/Service User constituency) that elected them or organisation which appointed them;
- 7.2.3 recognise that it is not acceptable or appropriate to represent any trade union, political party or other organisation of which they are a member or represent their views while conducting themselves as a governor;
- 7.2.4 be honest and act with integrity and probity at all times;
- 7.2.5 respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies;
- 7.2.6 seek to ensure that fellow governors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded;
- 7.2.7 accept responsibility for their actions;
- 7.2.8 show their commitment to working as a team member by working with colleagues in the NHS and wider community;
- 7.2.9 ~~seek to ensure that the membership of the constituency they represent is properly informed and able to influence services;~~ seek to engage the membership of their constituency, or appointing organisation, in their work as a governor;
- 7.2.10 seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status or national origin;
- 7.2.11 comply with the Constitution, the Standing Orders for the Council of Governors and this Code;
- 7.2.12 respect the confidentiality of the individual patients;
- 7.2.13 not make, permit or knowingly allow to be made any untrue or misleading statement relating to their own duties or the functions of the Trust;
- 7.2.14 seek to ensure that the best interests of the public, patients, carers and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements;
- 7.2.15 support and assist the Chief Executive of the Trust in their responsibility to answer to NHS England, commissioners and the public in terms of fully and faithfully declaring and explaining the use of resources in putting national policy into practice and delivering objectives; and

7.2.16 uphold the seven principles of public life as detailed by the Nolan Committee (the Nolan principles) set out in Appendix A to the Code of Conduct for governors.

## **8 Council of Governor meetings**

8.1 Governors should familiarise themselves with the provisions of the:

8.1.1 Constitution relating to attendance at Council of Governor meetings (paragraph 7.18); and

8.1.2 Standing Orders for the Council of Governors relating to the conduct of Council of Governor meetings (paragraph 7.18.1).

8.2 [Absence or regular non-attendance at Council of Governors meetings without good reason or submitted apologies could result in the individual governor being removed from office but will be reviewed on a case by case basis.](#)

## **9 Conflicts of Interest**

9.1 Governor obligations in relation to the declaration of conflicts of interest and the management of such conflicts of interest are set out in (paragraph 7.20) of the Constitution and (paragraph 6) of the Standing Orders for the Board of Governors.

## **10 Training and development**

10.1 To ensure governors have appropriate skills and knowledge to undertake the role of governor and to assist them to effectively perform their role and carry out their functions, the Trust shall provide a programme of training or make external training from relevant providers available to governors. Governors should attend any training session as reasonably required by the Trust.

10.2 Governors must participate in the Trust's induction programme for governors.

## **11 Media engagement [and social media](#)**

11.1 Governors will act responsibly and in a manner reflective of their duties within this Code when making any statement to, or otherwise communicating with, the media [and in their use of social media.](#)

11.2 Governors should not make any statement to, or otherwise communicate with, the media in their capacity as governor where such statement or communication might constitute a breach of any provision within this Code.

11.3 If governors are in any doubt as to whether in making any statement to, or otherwise communicating with, the media they should seek the advice of the Council of Governors and Director of Corporate Affairs prior to making such statement, where practicable.

## 12 Reimbursement of expenses

- 12.1 Governors are not entitled to receive remuneration for their role.
- 12.2 Governors are entitled to receive reimbursement for travelling and other reasonable expenses incurred and evidenced by receipts in accordance with the Trust's expenses policy at such rates as the Trust decides from time to time.
- 12.3 The Trust shall publish the rates for the expenses referred to in the Annual Report.

## 13 Visits to Trust premises

- 13.1 Where governors wish to visit the Trust's premises in their capacity as a governor (as opposed to visiting individuals or attending the Trust in a personal capacity) they must liaise with the Director of Corporate Affairs to make the necessary arrangements.

## 14 Non-compliance with the Code of Conduct

- 14.1 Where a governor has or is alleged to have breached this Code, the Council of Governors and/or the Chairman may take such action as is referred to in this clause 14 in respect of such breach or alleged breach.
- 14.2 Wherever possible and practical, allegations of non-compliance with the code and/or complaints about governor conduct should first attempt an informal resolution prior to any investigation stage being initiated.
- 14.3 Any governor, director or Trust employee may submit in writing to the Chairman and/or the Director of Corporate Affairs a request to investigate a breach or alleged breach of this Code (i.e. a complaint about governor conduct) by any other governor. Similarly, if the Chairman or Director of Corporate Affairs believes a breach of the Code may have occurred they shall apply the process set out in Appendix B of this Code (Investigation Process for alleged breach of the Code).
- ~~14.4 Where the Chairman is made aware of an alleged breach of the Code they may where they consider it is appropriate given the nature of the alleged breach or the alleged circumstances giving rise to it:
  - ~~14.4.1 exclude the governor concerned from the whole or any part of any or all Council of Governor meetings;~~
  - ~~14.4.2 suspend the governor concerned from office pending conclusion of the matter;~~
  - ~~14.4.3 take such other action as considered appropriate.~~~~
- 14.5 Where the Chairman considers that any such action as referred to in paragraph 14.3 is required they shall notify the governor concerned in writing as soon as reasonably practicable and explain the next stage in addressing the matter.

~~14.6 Where the Investigation Panel votes to initiate an investigation in respect of a governor (the “investigated governor”):~~

~~14.6.1 the Chairman shall establish a panel of governors in accordance with the provisions of Part 4 of Appendix B for the purposes of determining the outcome of the investigation;~~

~~14.6.2 the Chair of the Investigation Panel shall ensure that the investigated governor is notified in writing no later than 5 working days after the vote referred to at paragraph 14.5, of the:~~

~~14.6.2.1 alleged breach of the Code;~~

~~14.6.2.2 grounds giving rise to the allegation and the provisions of this Code which are alleged to have been breached;~~

~~14.6.2.3 arguments for the conduct of an investigation in accordance with Appendix B of this Code; and~~

~~14.6.2.4 timeframe within which the Investigation Panel intends to inform the governor of the next stage of the investigation.~~

~~14.6.3 the Chair of the Investigation Panel shall ensure that the investigation is carried out in accordance with the provisions of Appendix B of this Code.~~

~~14.7 Following the completion of an investigation, the Panel (as defined in Part 4 of Appendix B of this Code) may, where the allegation of non-compliance is upheld, impose such sanctions as it considers appropriate in accordance with the provisions of Part 3 of Appendix B of this Code.~~

~~14.8 Where an investigated governor wishes to appeal a decision of the Investigation Panel the governor shall do so in accordance with the provisions of Part 2 of Appendix B of this Code.~~

## **15 Constitutional documents**

15.1 In the event of any conflict between the provisions of this Code, the Constitution and/or the Standing Orders for the Council of Governors such conflict shall be resolved in the following order of precedence the terms of the:

15.1.1 Constitution;

15.1.2 the Standing Orders for the Council of Governors;

15.1.3 this Code.



## **Code Appendix A – The principles set out by the Committee on Standards in Public Life (Nolan principles)**

- 1     **Selflessness** - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
- 2     **Integrity** - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
- 3     **Objectivity** - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.
- 4     **Accountability** - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- 5     **Openness** - Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- 6     **Honesty** - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- 7     **Leadership** - Holders of public office shall promote and support these principles by leadership and example.

## **~~Code Appendix B – Investigation process for alleged breach of the Code~~**

### ~~PART 1 – Investigation~~

~~1 — An investigation into an alleged breach of this Code shall be conducted in accordance with this Appendix B:~~

#### ~~2 — Investigation Stage~~

~~2.1 — The Investigation Panel shall meet to agree whether the Investigation should be carried out:~~

~~2.1.1 — internally and if so by whom; or~~

~~2.1.2 — by an external investigator appointed by the Investigation Panel and if so, agree the identity of an appropriate external investigator.~~

~~2.2 — The Chair of the Investigation Panel shall take such steps as are necessary to engage the relevant investigator (the “Investigator”) pursuant to paragraph clause 2.1 on such terms as are considered appropriate.~~

~~2.3 — The Chair of the Investigation Panel shall notify, in writing, the Investigated Governor with the details of the Investigator and the Investigated Governor shall comply with all reasonable requests of the Investigator including, if so requested, meeting him to discuss the matter in hand and/or furnish him with appropriate and relevant documentation.~~

~~2.4 — The Investigation Panel shall facilitate for the Investigator, where possible:~~

~~2.4.1 — introductions to such other persons as the Investigator may wish to interview in respect of the matter;~~

~~2.4.2 — access to and copies of such documentation as the Investigator considers relevant to the Investigation.~~

~~2.5 — The Investigator shall be asked to provide a written report to the Investigation Panel at the conclusion of his Investigation setting out:~~

~~2.5.1 — his findings in respect of the Investigation;~~

~~2.5.2 — his recommendations as to any further investigation or steps which should be undertaken by the Investigation Panel.~~

~~2.6 — The Chair of the Investigation Panel shall procure that the Investigated Governor receives a copy of the Investigator’s report as soon as reasonably practicable after receipt.~~

~~2.7 — Following receipt of the Investigator's report the Chair of the Investigation Panel shall call a meeting of the Investigation Panel to determine whether any further action is needed before the Panel meets to hear and determine the issue in accordance with paragraph 4 (the "Panel Hearing").~~

~~2.8 — Where the Investigation Panel concludes that:~~

~~2.8.1 — further action is required before the Panel Hearing the Chair of the Investigation Panel shall take such steps as are necessary to procure that such action(s) is carried out and shall inform the Investigated Governor, in writing no later than 5 working days after that Investigation Panel meeting of the next steps in the process; or~~

~~2.8.2 — no further action is required in advance of the Panel Hearing the Chair of the Investigation Panel shall inform the Governor that the Investigation is concluded and that the matter is being passed to the Panel.~~

~~2.9 — Where the Investigation Panel has concluded pursuant to paragraph 2.8.1 that further action is required and such action(s) have been completed the Investigation Panel shall notify the Investigated Governor in accordance with paragraph 2.8.2.~~

~~2.10 — The Investigation Panel shall then provide a written report to the Panel setting out/including the:~~

~~2.10.1 terms and scope of the Investigation;~~

~~2.10.2 Investigator's report;~~

~~2.10.3 such other information as is pertinent to the Panel's deliberations.~~

### ~~3 — Panel Hearing Preparation~~

~~3.1 — Upon receipt of the report of the Investigation Panel the Chair (as defined in paragraph 4.1) shall convene a meeting of the Panel to agree the date and process for the Panel Hearing (in accordance with paragraph 3.2) and inform the Investigated Governor of the same. The date for the Panel Hearing shall be not less than 15 working days from the date of notice.~~

~~3.2 — The Panel is responsible for determining the process for the Panel Hearing and the notice referred to at paragraph 3.1 must include the following:~~

~~3.2.1 — the date, time and location of the Panel Hearing;~~

- ~~3.2.2 the members of the Panel;~~
- ~~3.2.3 the date by which the Investigated Governor must submit to the Chair any written representations the governor would like the Panel to consider and/or any objection to a Panel Member;~~
- ~~3.2.4 confirmation as to whether the Investigated Governor can have legal or other representation at the Panel Hearing;~~
- ~~3.2.5 confirmation as to whether the Investigator or any other third party will be present at the Panel Hearing;~~
- ~~3.2.6 confirmation as to whether the Investigated Governor will be permitted to address the Panel and/or pose questions to the Investigator or any other third party who is present;~~
- ~~3.2.7 such other information as the Panel considers it appropriate to provide.~~

~~3.3 Where the Investigated Governor objects to the inclusion of any particular Governor on the Panel, the Chair shall consider whether it is appropriate or not to dismiss such Panel member so as not to compromise the integrity of the process. The Chair shall inform the Investigated Governor and the Governor in question of his decision.~~

#### ~~4 Panel Hearing~~

- ~~4.1 The Panel Hearing shall be chaired by the Governor nominated to chair it by the other Panel members (the "Chair") and conducted in accordance with the process notified to the Investigated Governor pursuant to paragraph 3.2.~~
- ~~4.2 At the relevant stage in the process the Chair shall dismiss the Investigated Governor, the Investigator and any third parties whilst the Panel retire to consider their decision.~~
- ~~4.3 The Chair shall procure that the Investigated Governor receives:~~
  - ~~4.3.1 a copy of the decision of the Panel (including the details of any sanctions the Panel has voted to impose and the lifting or otherwise of any Interim Sanctions);~~
  - ~~4.3.2 a copy of the minutes of the Panel Hearing; and~~
  - ~~4.3.3 confirmation of the appeal process~~

~~within 10 working days of the Panel Hearing.~~

#### PART 2—Appeal

- ~~1 Where an Investigated Governor has been found guilty of a breach of the Code of Conduct by the Panel, the Investigated Governor may no later than 15 working days after receipt of the written decision submit an appeal to the~~

~~Appeal Panel (as defined in Part 4 of Appendix B), including his stated grounds for the appeal by notice in writing to the Director of Corporate Affairs.~~

~~2 — Where an appeal is submitted by the Investigated Governor it shall be acknowledged within 3 working days of the date of receipt by the Director of Corporate Affairs and referred to the Chairman.~~

~~3 — The Chairman shall confirm to the Investigated Governor within 5 working days whether the appeal has been accepted and where such appeal has been accepted:~~

~~3.1 — the date, time and location for the Appeal Panel meeting which shall hear the appeal;~~

~~3.2 — the process for the appeal hearing;~~

~~3.3 — what, if any, further information is required from the Investigated Governor.~~

~~4 — The meeting of the Appeal Panel to hear any appeal which has been accepted shall be held in accordance with the provisions of paragraph 3 of this Part 2.~~

~~5 — When an appeal is heard by the Appeal Panel the:~~

~~5.1 — Investigation Panel members;~~

~~5.2 — Panel members; and~~

~~5.3 — Investigated Governor shall not sit as part of the Council of Governors.~~

### ~~PART 3 — Sanctions~~

~~1 — Where the Panel determines that an Investigated Governor has breached the Code of Conduct it may impose such sanctions as it considers appropriate including but not limited to:~~

~~1.1 — issuing a written warning as to future conduct;~~

~~1.2 — requiring the Investigated Governor to provide written undertakings as to future conduct;~~

~~1.3 — suspending the Governor from office until such time as any relevant matters have been attended to;~~

~~1.4 — dismissing the Governor from office;~~

~~1.5 — withholding the payment of expenses.~~

- ~~2 — Where an Investigated Governor appeals against the decision of the Panel, the Appeal Panel may review and vary the sanctions imposed by the Panel if it considers it appropriate.~~

~~PART 4 — Miscellaneous~~

- ~~1 — The Chairman shall appoint a panel of Governors (the “Investigation Panel”) to conduct the Investigation. The Investigation Panel shall:~~
- ~~1.1 — include as a minimum three Governors; and~~
  - ~~1.2 — not include the Panel members, the Chairman or the Investigated Governor.~~
- ~~2 — The Chairman shall appoint a panel of Governors (the “Panel”) to determine the outcome of the Investigation. Such Panel shall:~~
- ~~2.1 — include as a minimum the Lead Governor and two other Governors; and~~
  - ~~2.2 — not include the Chairman, members of the Investigation Panel or the Investigated Governor.~~
- ~~3 — Any Governor appointed to the Investigation Panel or the Panel shall immediately notify the Chairman in writing if they believe that they have a conflict of interest which means that they should not be a member of the Investigation Panel or Panel. The Chairman shall decide whether such Governor should be excused from the Investigation Panel or Panel and if so, nominate a replacement.~~
- ~~4 — Any appeal shall be heard by an appeal panel (the “Appeal Panel”) convened by the Chairman and shall:~~
- ~~4.1 — include the Chairman;~~
  - ~~4.2 — not include the Investigated Governor or any member of the Investigation Panel or the Panel; and~~
  - ~~4.3 — comprise not less than three Governors and not more than five Governors.~~
- ~~5 — The Panel Hearing and all other meetings of the Panel or the Investigation Panel, Appeal Panel in relation to the Investigation shall be:~~
- ~~5.1 — held in private;~~
  - ~~5.2 — minuted; and~~
  - ~~5.3 — chaired by the nominated Governor in respect of the Panel Hearing and meetings of the Investigation Panel and the Chairman in respect of an Appeal Panel hearing.~~

~~6 The decision of the Panel in relation to an allegation of non-compliance with the Code and any decision of the Appeal Panel in respect of an appeal shall be taken by a simple majority vote.~~

~~7 If the Investigated Governor is the:~~

~~7.1 Lead Governor then their role shall be carried out by such other Governor as is nominated by the Chairman.~~

## **Code Appendix B – Investigation process for alleged breach of the Code AMENDED**

### **Introduction**

- 1 If any governor, director or OHFT employee believes another governor has not upheld the Code of Conduct for governors (the Code), wishes to make a complaint against a governor for alleged breach of the Code and/or is made aware of any circumstance that may breach the Code they should - at the earliest possible opportunity - notify the Chair and/or Director of Corporate Affairs. Similarly, if the Chair or the Director of Corporate Affairs believes a breach of the code may have occurred they shall apply the process set out in paragraphs 2 to 4 of this Code Appendix B.

### **Informal resolution**

- 2.1 Subject to paragraph 2.3, in the first instance, the Chair and/or Director of Corporate Affairs will seek to resolve the matter on an informal basis in consultation with the Lead Governor (or, if the Lead Governor is the person under investigation, the Deputy Lead Governor or another governor selected by the Chair).
- 2.2 If an informal resolution is not possible or ineffective, the process set out in paragraphs 3 and 4 will then be followed, seeking to resolve any concerns, difficulties or disputes in a constructive way.
- 2.3 If a complaint is considered by the Chair to be of a very serious nature, and so not suitable for informal resolution, the process set out in paragraphs 3 and 4 will be followed without an initial informal resolution stage. It will be for the Chair to determine what constitutes a complaint of very serious nature – advised by the Director of Corporate Affairs - on a case by case basis.

### **Stage 1: Chair's investigation**

- 3.1 The Chair, supported by the Director of Corporate Affairs and the Lead Governor (or, if the Lead Governor is the person under investigation, the Deputy Lead Governor or another governor selected by the Chair), will investigate the matter raised. This may include discussion with other governors and/or directors and/or members of staff, as felt appropriate by the Chair.
- 3.2 The Chair will notify the governor concerned in writing of the details of the alleged breach of the Code. The communication will set out a timeframe in which the matter is to be addressed as decided by the Chair. This will depend on the nature of the breach and, where possible, should not exceed 28 days. There may be circumstances in which the person who raised the concern reasonably asks for their identity to be withheld from the subject of the complaint, in which case their identity will not be disclosed.



- 3.3 Depending on the nature of the breach, the Chair may decide that the governor under investigation should be suspended from fulfilling their role as a governor pending the outcome of the investigation.
- 3.4 During the investigation, the Chair will invite the governor concerned to meet with them to discuss the matter. The Lead Governor (or, if the Lead Governor is the person under investigation, the Deputy Lead Governor or another governor selected by the Chair) may participate in this meeting, if agreed by all parties. The Director of Corporate Affairs will be present at any such meeting and will record minutes of the meeting which will be shared with the governor under investigation.
- 3.5 If the governor does not accept an invitation from the Chair to meet and discuss the matter, the Chair will consider whether this, in itself, is a breach of this Code. In these circumstances, the Chair will complete their investigation taking into account all available information.
- 3.6 The outcome of the Chair's investigation will conclude, either:
- no further action necessary; or
  - a letter of censure (explaining the breach and the required behaviour expected from the governor in future) is to be issued; or
  - the governor investigated has acted in a manner inconsistent with the values of the Trust or detrimental to or contrary to the interests of the Trust, the Code, or the Constitution; and the Chair considers it is not in the best interest of the Trust for them to continue as a governor in which case the Chair will make a recommendation to the Council of Governors that the governor be removed in accordance with the OHFT's Constitution.
- 3.7 The Chair will write to the governor concerned confirming the outcome of their investigation and the outcome of any decision of the Council of Governors to remove the governor within the previously stated timeframe
- 3.8 If a recommendation for removal from office of governor is made to the Council of Governors the following process will be followed;
- 3.8.1 The Chair or Director of Corporate Affairs will convene an extraordinary meeting of the Council of Governors to be held in private.
- 3.8.2 The outcome of the Chair's investigation will be shared with the Council of Governors.
- 3.8.3 The Council of Governors will be asked to vote on the recommendation, the Council's decision making must be reasoned and reasonable. If the Council of Governors disagrees with the recommendations, then there must be clear reasons given and any non-acceptance must be based on relevant matters and demonstrate reasonable discretion and due process.

## **Stage 2: Independent Review**

- 4.1 In line with the Code of governance for NHS provider trusts (Section C, 4.10), where there is any disagreement as to whether the proposal for removal is

justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable.

- 4.2 The governor concerned should confirm within 10 working days from receipt of the Chair's letter whether they would like an independent assessor to be appointed to review the decision.
- 4.3 The Trust may reasonably stipulate that the assessor must have appropriate corporate governance experience as the Chair or Senior Independent Director of an NHS Foundation Trust and will provide a shortlist of two potential independent assessors.
- 4.4 If the governor is deemed by the Chair to unreasonably refuse to cooperate in agreeing an assessor, then the Trust may notify the governor that it will give effect to the Council of Governors removal decision.
- 4.5 The Trust will prepare instructions to the assessor which will be provided to the governor for comment.
- 4.6 Once the independent assessor has been agreed, the Chair will agree with the independent assessor the timeframe in which the matter is to be addressed. This will depend on the nature of the review and, where possible, should not exceed 28 days.
- 4.7 During the period available for appeal the governor will not be removed, but will be, or continue to be, suspended.
- 4.8 The decision of the independent assessor will be final and the outcome will be based upon the following options:
  - to rescind the recommendation that the governor is removed from office; or
  - to agree with the outcome of the initial investigation that the governor is removed from office with immediate effect.



# Integrated Performance Report (IPR): November 2024

September 2024 data unless stated otherwise

- Guide to the Integrated Performance report
- Section 1.1 – Clinical Performance (Mental Health Services)
- Section 1.2 – Clinical Performance (Community Health Service, Primary Care and Dentistry)
- Section 2 – Quality and People (inc. In-Year Strategic metrics)
- Section 3 – Strategic Dashboard
- Appendices

# Guide to the Integrated Performance Report



**Oxford Health**  
NHS Foundation Trust

The Integrated Performance report (IPR) provides an overview of the performance of the Trust. The report is designed to give the Board a comprehensive summary of the Trust's performance, areas of celebration & challenge and the key actions being taken to address these challenges in the areas of quality, sustainability, people and operational management.

The report monitors performance against the key targets the organisation has set in line with strategic and clinical objectives. The IPR will be used at all levels of the organisation to ensure that we are consistently tracking performance from Ward to Board. The report can be produced at Board, business unit and service level to support performance discussions across the Trust.

The Key Performance Indicators included in the IPR are divided into two categories - **strategic** and **clinical** metrics.

**Strategic** - these are aligned to the Trust's Strategic Objectives and have been selected as the highest priority to the Trust.

- **Strategic Dashboard** – set of overarching strategic measures supporting the delivery of the Trust strategy to 2026. Grouped into four themes – Quality, People, Sustainability, and Research & Education. Progress against the Dashboard will be assessed on a 6-monthly basis in Section 3 of the IPR
- **In-year strategic metrics** – strategic measures allowing focused and/or more frequent evaluation of specific aspects tied to strategic dashboard. Metrics reported on a monthly basis, where possible, for information only in Section 2.

**Clinical** - these acknowledge business as usual activities to maintain performance. These are monitored against set thresholds, which will determine when further action should be taken. Reported on a monthly basis where applicable in Sections 1.1 and 1.2 of the IPR.

#### Types of metrics:

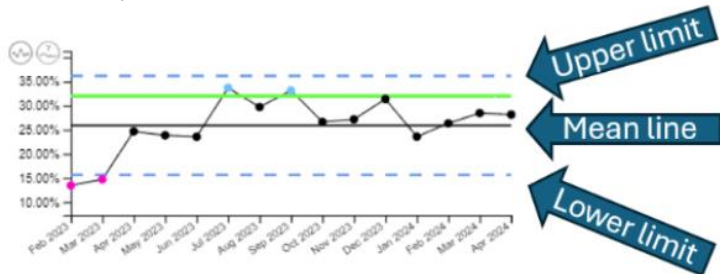
- National Measure – defined NHS Long Term plan metric with a national target or an agreed system plan
- National Objective – metric linked to NHS Long Term Plan with no agreed national target
- NOF – National Oversight Framework -NHS England's approach to oversight of Integrated Care Boards and Trusts. The metrics are under review and subject to change.

# Guide to the Integrated Performance Report

The below legends explain Variation and Assurance icons and Statistical Process Charts (SPCs) used throughout this IPR.

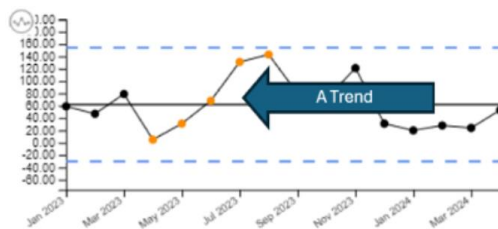
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

The SPC chart has three lines on it: central line (mean line; black) is the average of data and blue are upper and lower control limits. If data points are within the control limits, it indicates that the activity is within normal range. If the data points are outside of these control units, it indicates that the activity is out of control.

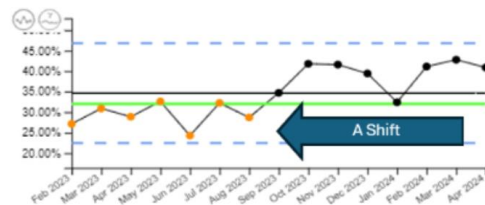


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

A Trend is defined as five or more consecutive data points all going up or all going down – orange indicates a deteriorating trend and blue indicates an improving trend.



A Shift is defined as seven or more consecutive data points all above or all below the centre (mean) line. Orange indicates a deteriorating shift and blue indicates an improving shift.



Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

**Variation icons:** orange indicates concerning special cause variation requiring action; blue indicates where improvement appears to lie, and grey indicates no significant change (common cause variation).

**Assurance icons:** Blue indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

# **Section 1.1**

## **Clinical performance (National Mental Health Standards)**

# Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (1/2)

Narrative provided only for metrics under target or national average (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Child and Adolescent Mental Health Services (CAMHS)						
National measure	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Buckinghamshire	61% National average	Sep-24	68.36%	↓	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Oxfordshire	61% National average	Sep-24	50.56%	↑	↑
National Objective Strategic Metric - Quality	Four (4) week wait (interim metric - one meaningful contact within episode) - Bath & North East Somerset, Swindon and Wiltshire	61% National average	Sep-24	54.05%	↑	↑
National Objective	Waiting time standard for a meaningful contact & outcome measure	In development (estimated completion - FY25. Status: technical development initiated; operational action needed to record in Electronic Patient Records -phased approach for roll out.)				

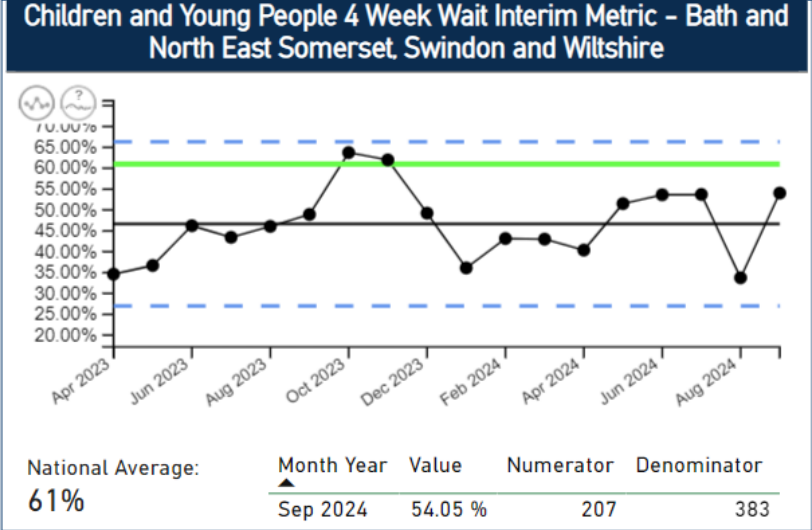
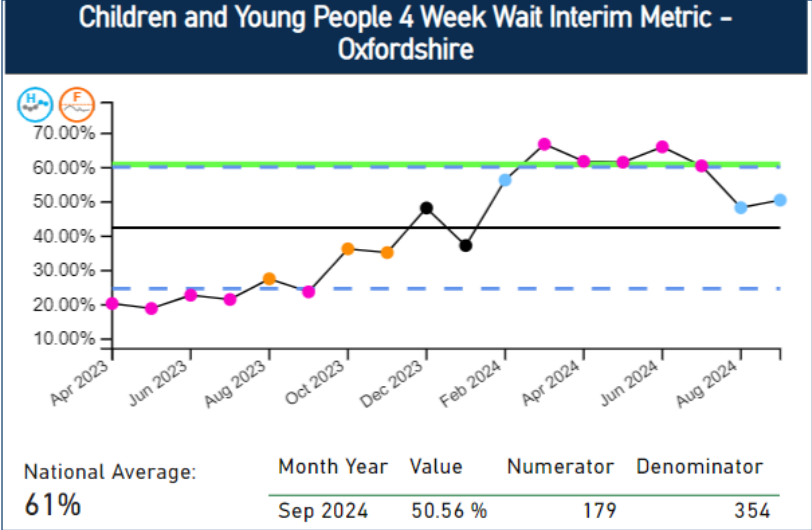
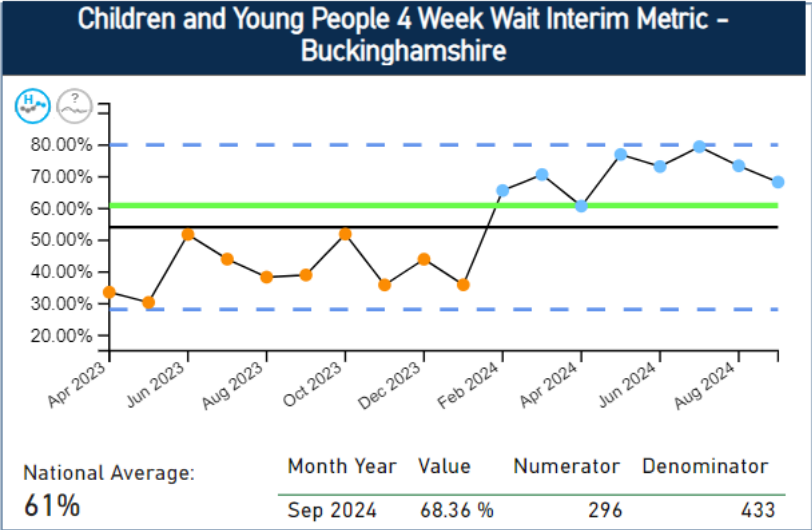


# Mental Health Services – Child and Adolescent Mental Health Services – Summary dashboard (2/2)

Narrative provided only for metrics under target or national average (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Child and Adolescent Mental Health Services (CAMHS)						
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Buckinghamshire (rolling 3 months position)	95%	Sep-24	91.67%	↑	↑
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	95%	Sep-24	81.25%	↓	↑
National measure	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position)	95%	Sep-24	85.71%	↓	↑
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Buckinghamshire (rolling 3 months position)	95%	Sep-24	85.71%	→	↑
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	95%	Sep-24	80.00%	↑	↑
National measure	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Bath & North East Somerset, Swindon and Wiltshire (rolling 3 months position)	95%	Sep-24	100%	→	↑

# Mental Health Services – Child and Adolescent Mental Health Services



## Summary

This is an interim metric, which measures one meaningful contact\* within a care episode within the four (4) week period. Following on from the national 4 week wait pilots and the clinically led review of mental health standards, new non-urgent waiting time standards are being introduced for Child and Adolescent Mental Health Services (CAMHS). The Trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes to include the full metric (one contact, SNOMED\*\* intervention or care plan, and baseline outcome measure recorded within the CAMHS pathway within the four (4) week period). There are currently no national targets set and the Trust will be baselining against the national average position. Buckinghamshire CAMHS achieved national average in September 2024 whilst Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire CAMHS are working towards achieving the national average.

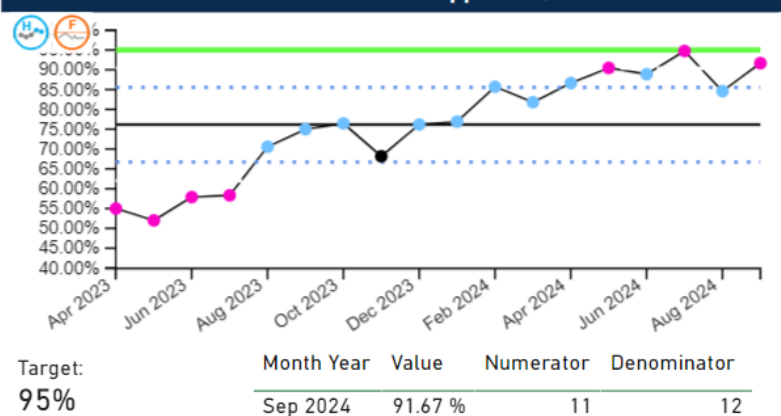
\*Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.  
\*\*SNOMED is a structured clinical vocabulary for use in an electronic health record.

## Actions

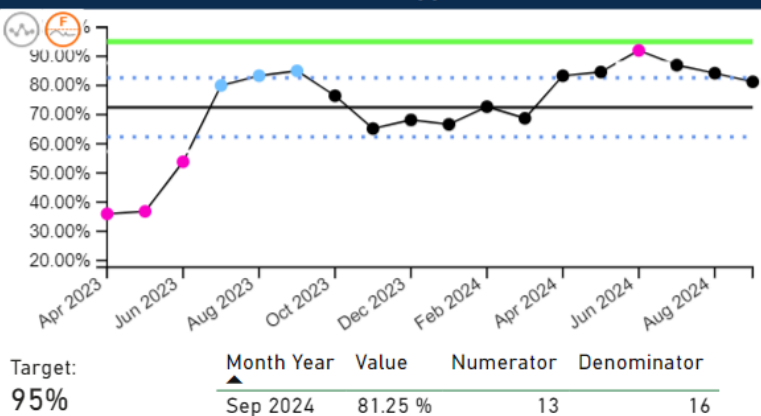
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric during this financial year.

# Mental Health Services – Child and Adolescent Mental Health Services

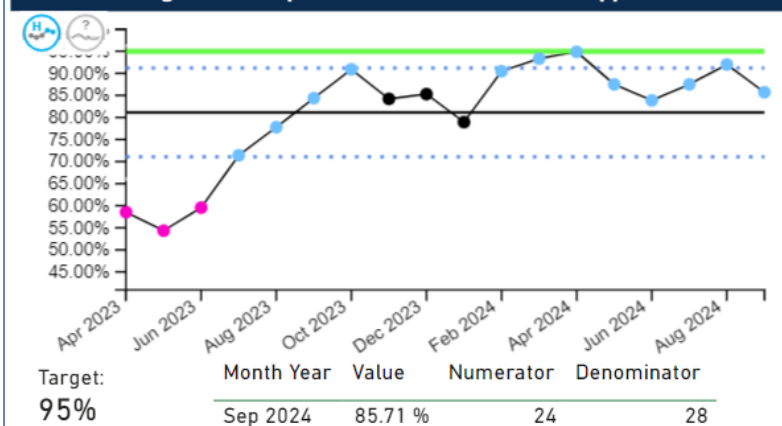
Children & Young People with suspected Eating Disorder Routine cases – Buckinghamshire (reported as rolling 3 months position in line with national approach)



Children & Young People with suspected Eating Disorder Routine cases – Oxfordshire (reported as rolling 3 months position in line with national approach)



Children & Young People with suspected Eating Disorder Routine cases – Bath and North East Somerset, Swindon and Wiltshire (reported as rolling 3 months position in line with national approach)



## Summary

This metric measures routine referrals seen within 28 days where the referral reason is “Eating Disorders” and age of patient is between 0 – 18 years. In order for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED\* intervention recorded. All providers are measured on a rolling 3-month position, so September 2024 performance includes July, August and September 2024 performance. Patients who choose to be seen outside of the 28-day timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

The national target for routine Eating Disorders to be seen within 28 days is 95%. None of the Oxford Health’s CYP Eating Disorders services have achieved the national target in September 2024. Four (4) out of eight (8) breaches were attributed to patient choice – all four (4) first appointments were offered within 28 days. One (1) breach is being investigated for data quality accuracy and three (3) breaches were due to first appointment being offered outside of the 28-day timeframe.

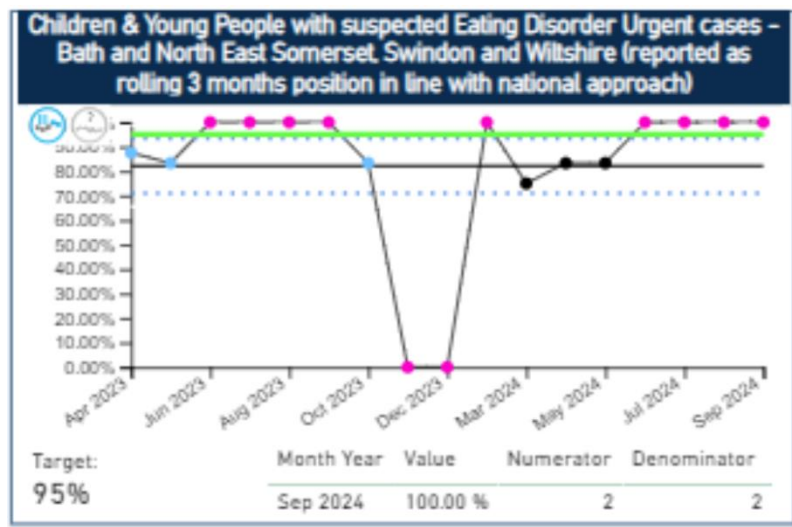
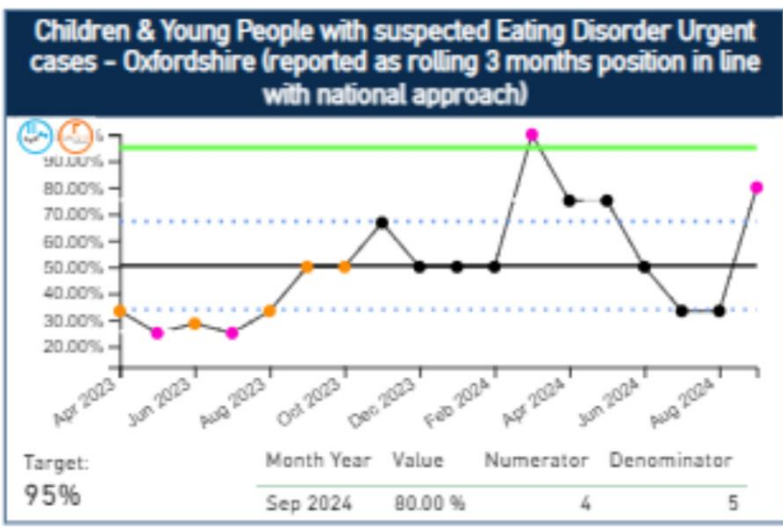
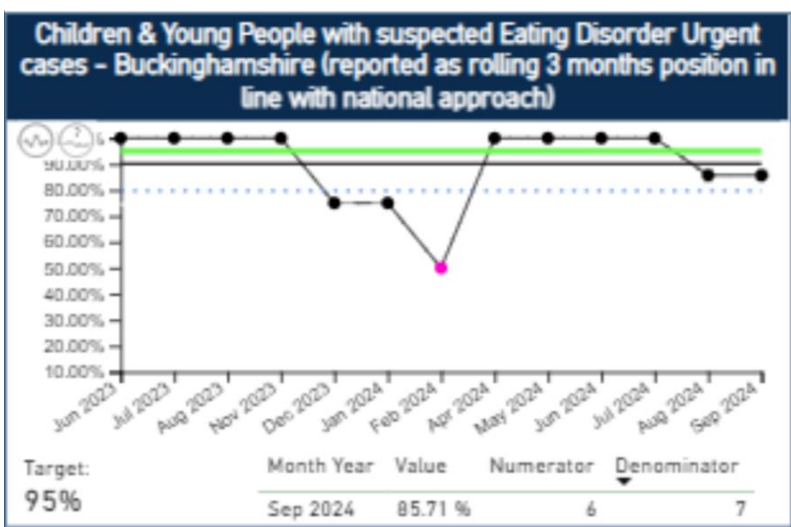
\*SNOMED is a structured clinical vocabulary for use in an electronic health record.

## Actions

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Every patient record indicating a breach is investigated to ensure appropriate intervention has been recorded.

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# Mental Health Services – Child and Adolescent Mental Health Services



## Summary

This metric measures urgent referrals seen within 7 days where the referral reason is “Eating Disorders” and age of patient is between 0 – 18 years. In order for the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED\* intervention recorded. All providers are measured on a rolling 3-month position, so September 2024 performance includes July, August and September 2024 performance. Patients who choose to be seen outside of the 7-day timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

The national target for urgent Eating Disorders to be seen within 7 days is 95%. Bath, North East Somerset, Swindon and Wiltshire CYP Eating Disorder service met the national target in September 2024 while CYP Eating Disorder services in Buckinghamshire and Oxfordshire have not. Two (2) out of two (2) patients were offered appointments outside of the timeframe (both on day 7) and seen on day 7.

*\*SNOMED is a structured clinical vocabulary for use in an electronic health record.*

## Actions

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Every patient record indicating a breach is investigated to ensure appropriate intervention has been recorded.

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# Mental Health Services – Talking Therapies – Summary dashboard (1/2)

Narrative provided only for metrics under target (value coloured in **red** below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
<b>Talking Therapies</b>						
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Buckinghamshire	597	Sep-24	554	↓	↑
National Objective	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	617	Sep-24	732	↑	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Buckinghamshire	Baselining	Sep-24	9.39%	↓	↑
National Objective	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	Baselining	Sep-24	8.06%	↑	↑
<i>National measure</i>	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Buckinghamshire	66%	Sep-24	65.34%	↓	↑
<i>National measure</i>	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	65%	Sep-24	67.62%	↑	↑
<i>National measure</i>	% of people receiving first treatment appointment within 6 weeks of referral - Buckinghamshire	75%	Sep-24	96.75%	↓	↑
<i>National measure</i>	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	75%	Sep-24	99.73%	↓	↑
<i>National measure</i>	% of people receiving first treatment appointment within 18 weeks of referral - Buckinghamshire	95%	Sep-24	100%	→	↑
<i>National measure</i>	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	95%	Sep-24	99.86%	↓	↑
<i>National measure</i>	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Buckinghamshire	10%	Sep-24	1.97%	↑	↓
<i>National measure</i>	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	10%	Sep-24	4.10%	↓	↓

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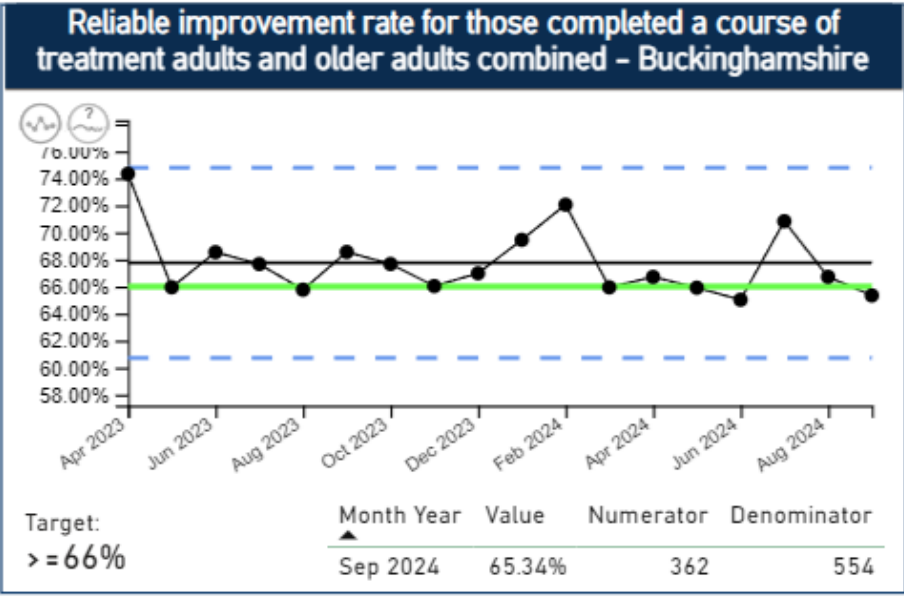
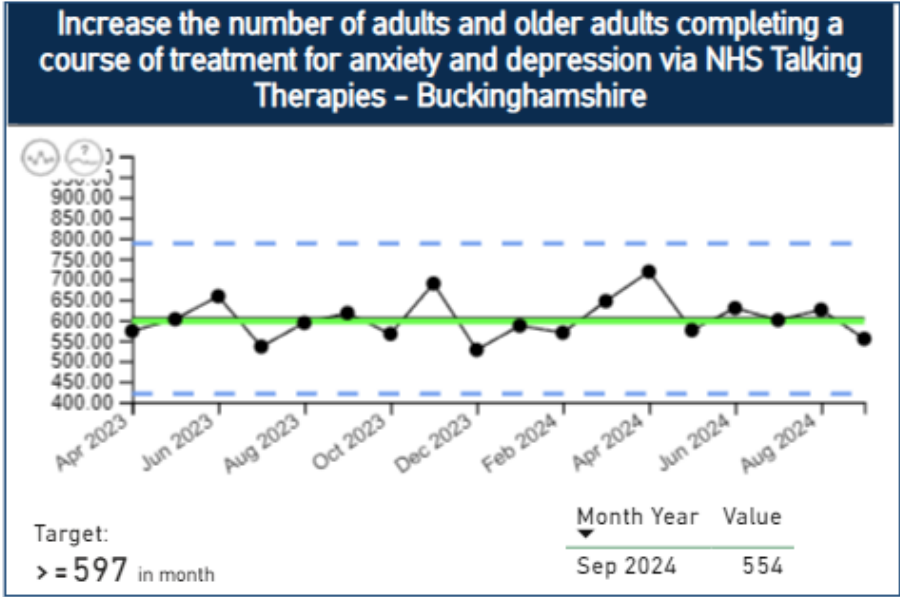
# Mental Health Services – Talking Therapies – Summary dashboard (2/2)

Narrative provided only for metrics under target (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Talking Therapies						
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Buckinghamshire	48%	Sep-24	49.41%	↓	↑
National measure	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	46%	Sep-24	48.20%	↑	↑
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Buckinghamshire	50%	Sep-24	53.52%	↓	↑
National Objective	Meet and maintain at least 50% Talking Therapies recovery rate (with improvement to 52% by end of Financial Year 24-25) - Oxfordshire	50%	Sep-24	51.08%	↑	↑
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Buckinghamshire (reportable quarterly)	50%	Sep-24	49.65%	↑	↑
National Objective	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire (reportable quarterly)	50%	Sep-24	43.92%	↓	↑
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Buckinghamshire (reportable quarterly)	50%	Sep-24	55.87%	↓	↑
National Objective	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire (reportable quarterly)	50%	Sep-24	54.26%	↑	↑



# Mental Health Services – Talking Therapies



## Summary

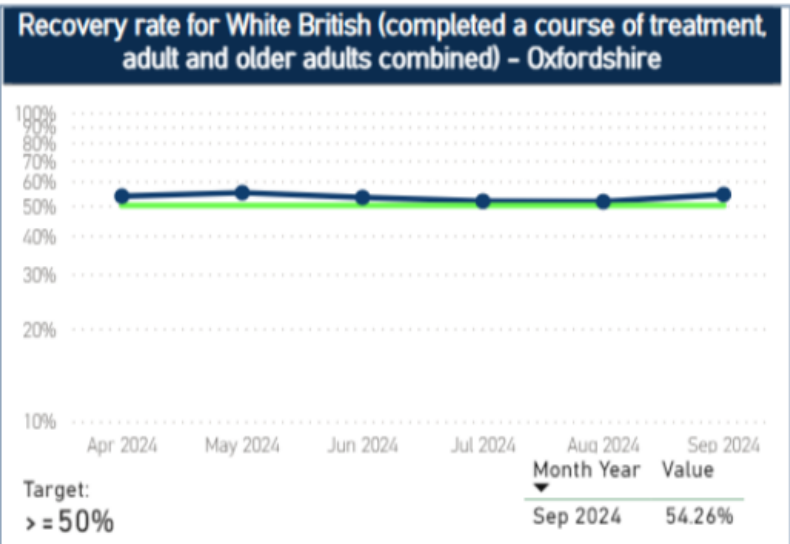
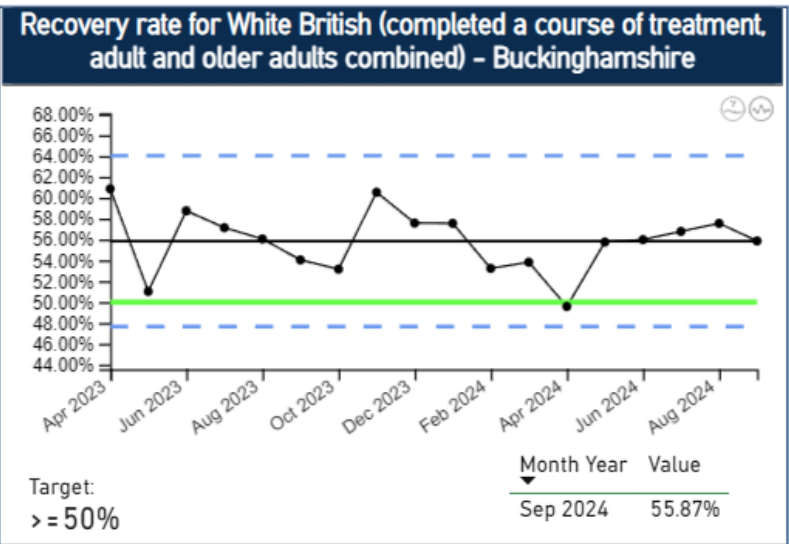
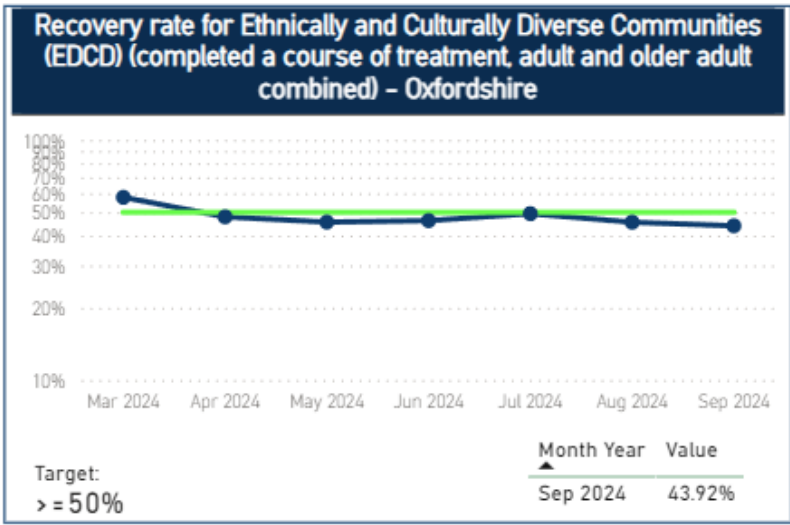
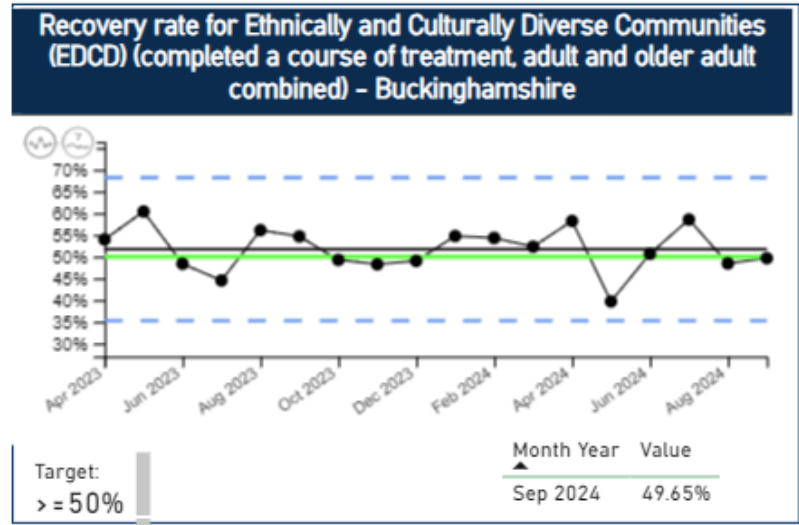
First graphs monitors the number of adults and older adults completing a course of treatment for anxiety and depression via Talking Therapies in Buckinghamshire. Each Place has a local set target – Buckinghamshire Talking Therapies service is expected to have at least 597 adults and older adults completing a course of treatment for anxiety and depression. Number of patients completing course of treatment in September 2024 was lower than planned, however, this is deemed to be a natural variation attributable to seasonal affect following summer period. The average for the year to date is above plan.

Second graphs monitors reliable improvement rate for those adults and older adults completed a course of treatment. Each Place has a local target set – Buckinghamshire Talking Therapies is expected to achieve 66% reliable improvement rate monthly. In September 2024 reliable improvement was below plan, but the average for the year to date is above plan.

## Actions

- Service to continue regularly monitoring performance at internal team level performance monitoring and improvement meetings.

# Mental Health Services – Talking Therapies



## Summary

Combination of these metrics is used to monitor the gap in recovery rates between White British and Ethnically and Culturally Diverse Communities (ECDC) with the aim of reducing mental health inequalities. Nationally, different groups receiving the same treatment has different recovery outcomes.

Data for these metrics is reported and monitored monthly; however, progress will be reported to the Board on a quarterly basis enabling appropriate evaluation of impact of any initiatives both Buckinghamshire and Oxfordshire Talking Therapies services undertake addressing the gap.

In September 2024, the gap in recovery rate between ECDC and White British was 6.22% in Buckinghamshire with a higher proportion of White British achieving recovery. In Oxfordshire, the gap in recovery rate between ECDC and White British was 10.34% with a higher proportion of White British achieving recovery.

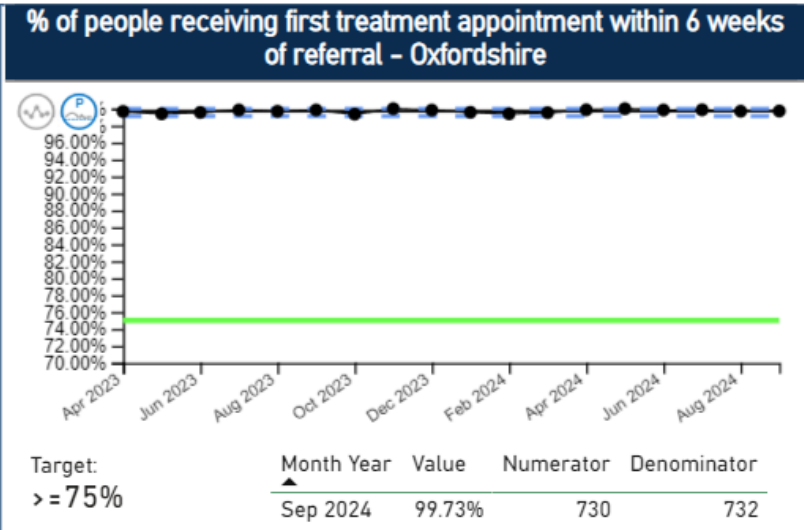
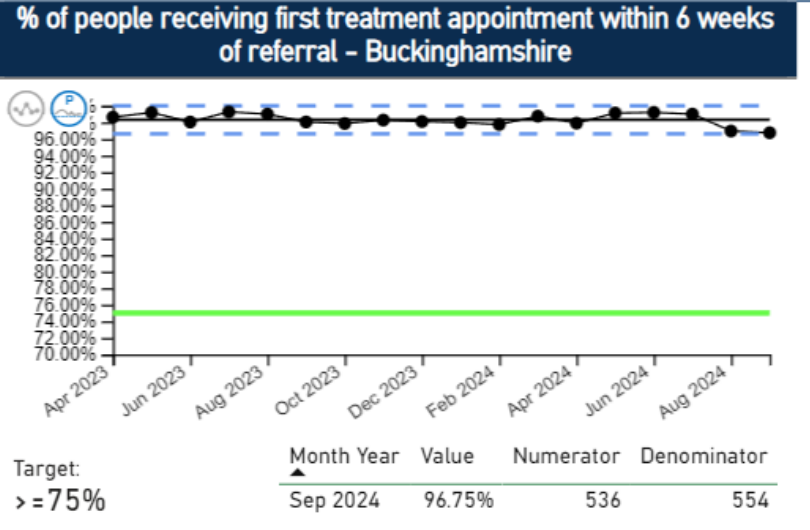
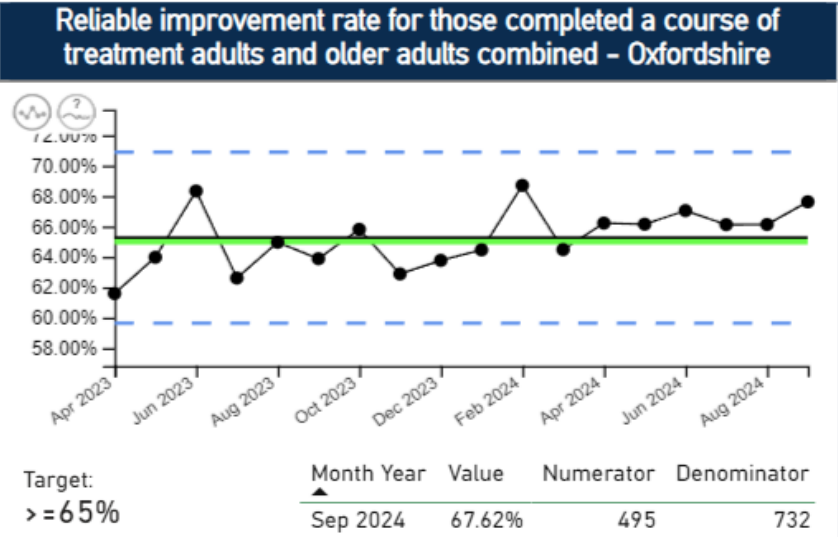
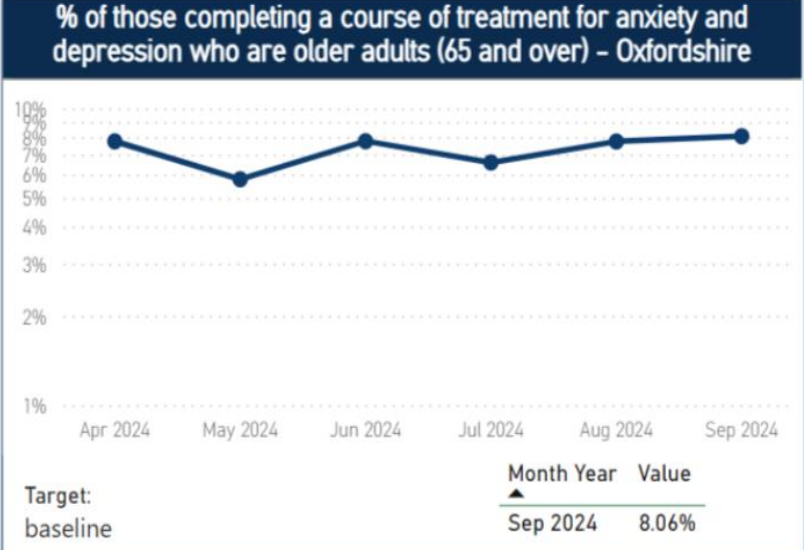
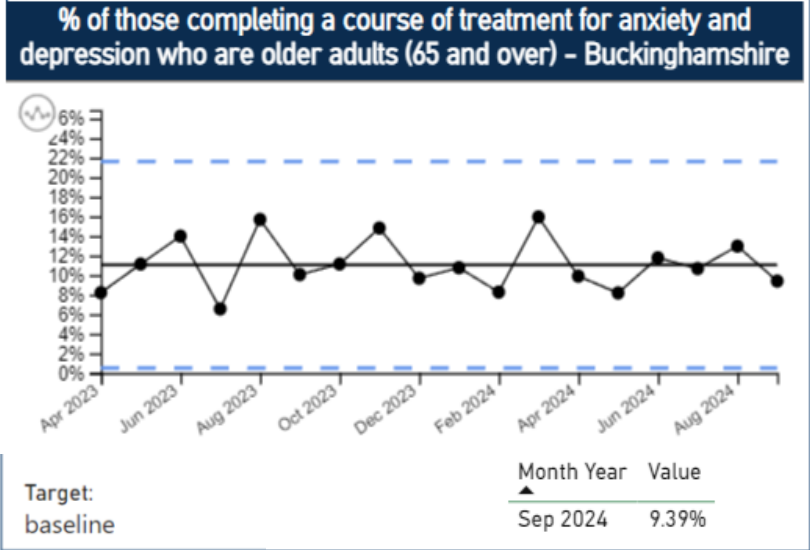
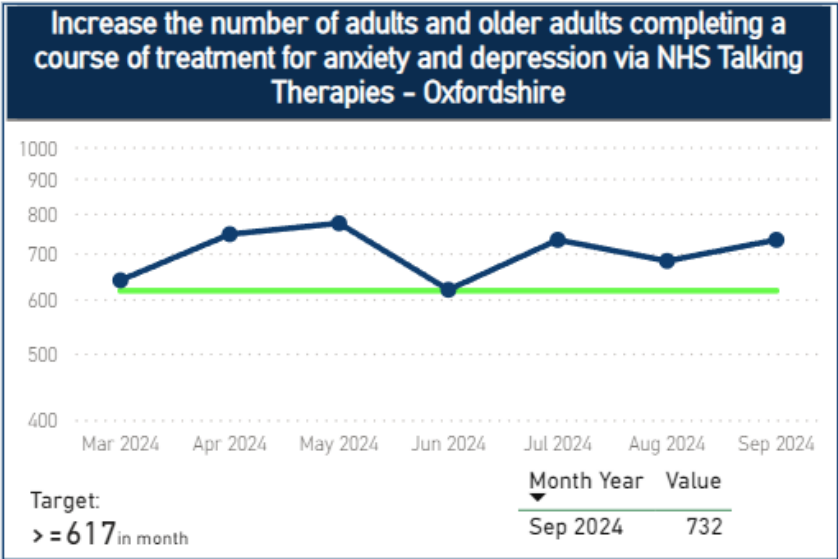
## Actions

- Work underway to identify reasons for gap in recovery rates between Ethnically and Culturally Diverse communities and White British in both Oxfordshire and Buckinghamshire Talking Therapies services.



# Mental Health Services – Talking Therapies

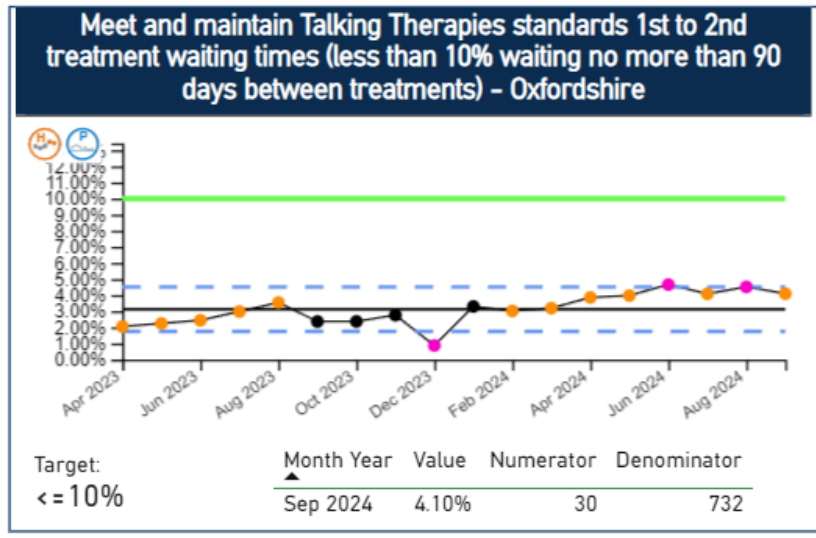
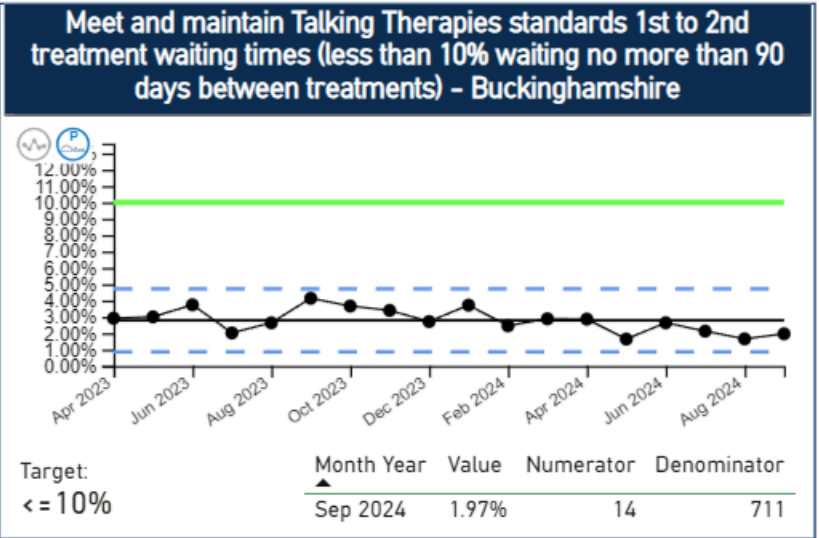
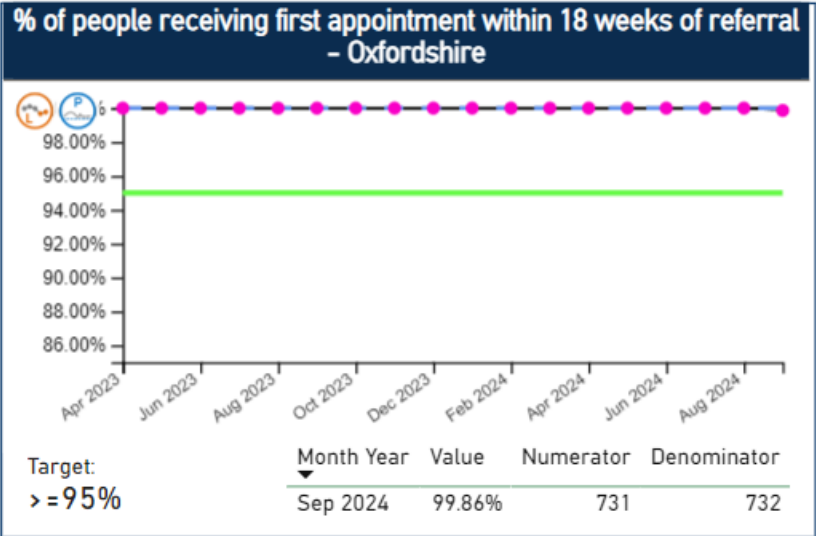
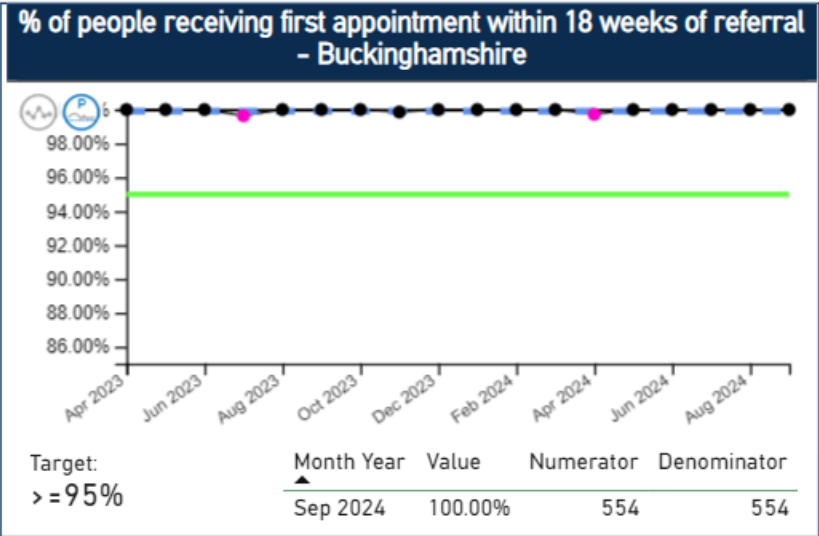
Metrics meeting target/being baselined:



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# Mental Health Services – Talking Therapies

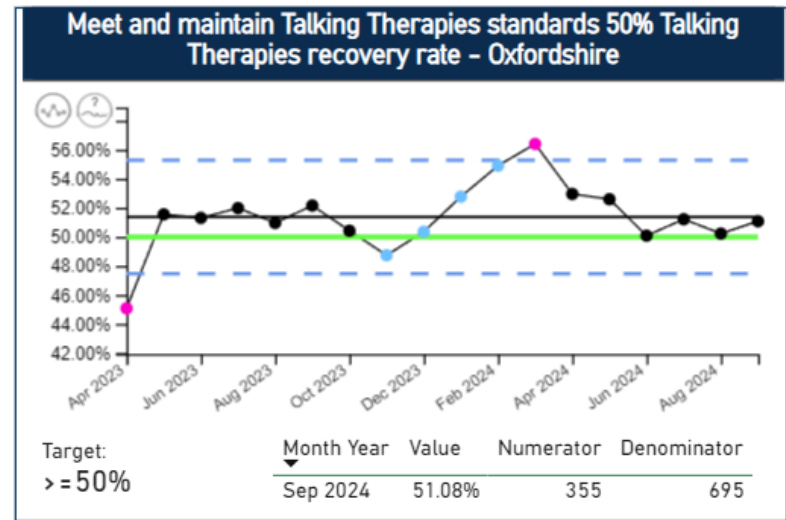
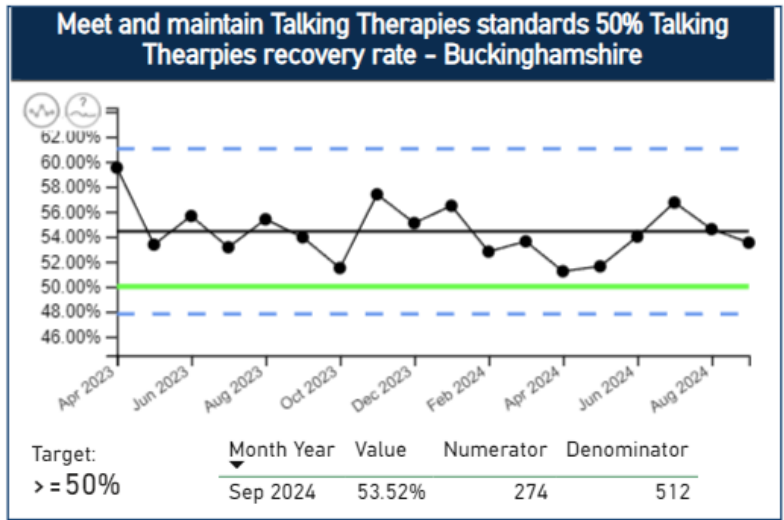
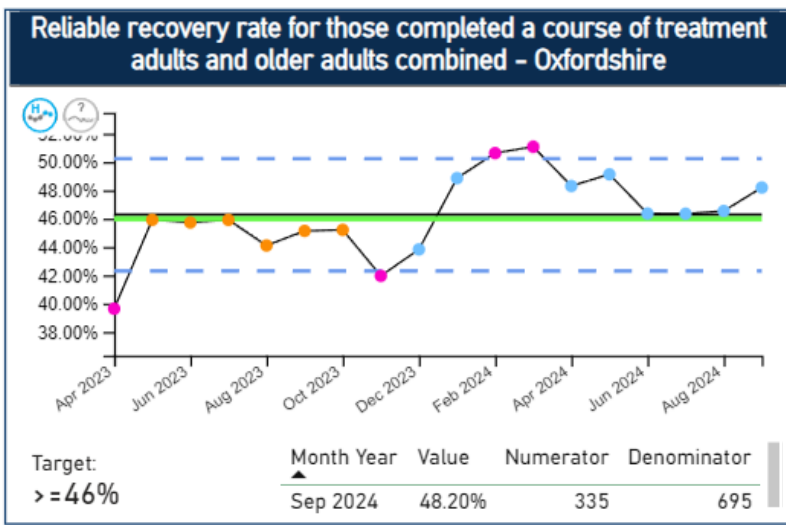
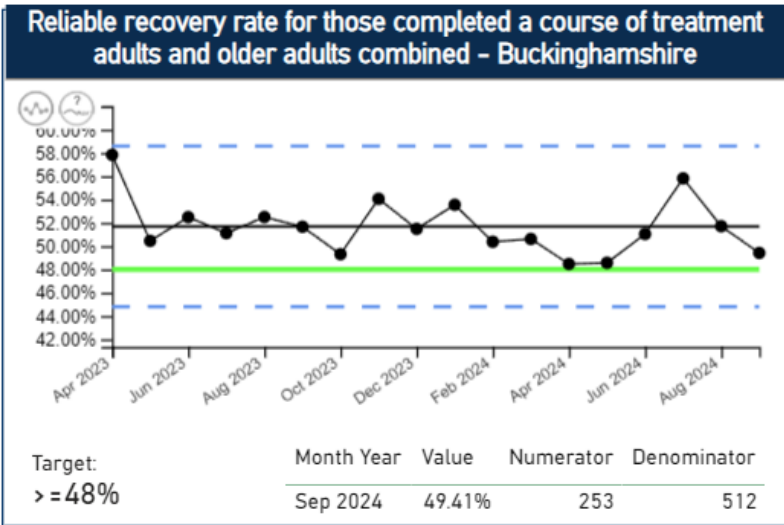
Metrics meeting target/being baselined:



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# Mental Health Services – Talking Therapies

Metrics meeting target/being baselined:



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# Mental Health Services – Adult and Older Adult community – Summary dashboard

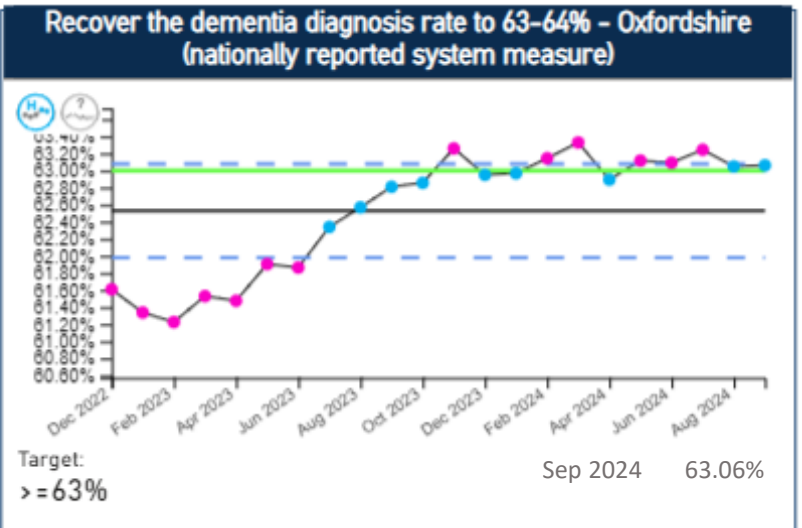
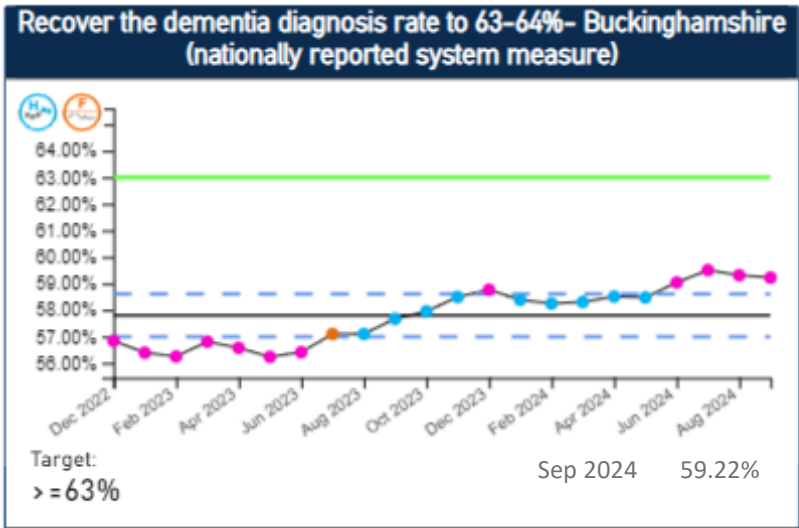
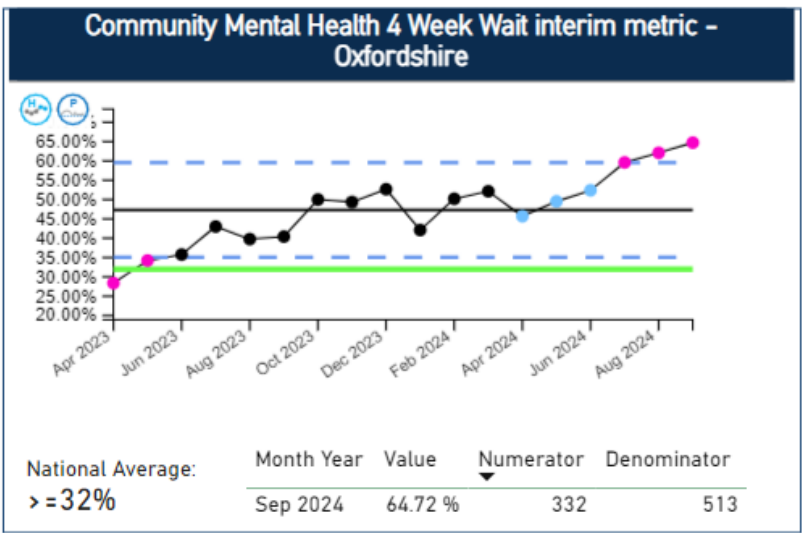
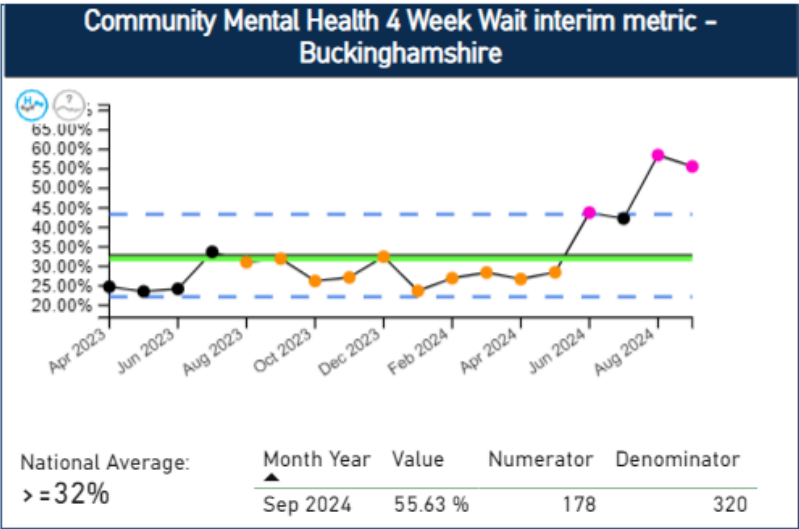
Narrative provided only for metrics under target or national average (value coloured in red below), narrative not provided for system measures:

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Adult and Older Adult Community						
National measure	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode) - Buckinghamshire	32% National average	Sep-24	55.63%	↓	↑
National Objective	4 week wait (28 days) standard (interim metric - two contacts within episode)- Oxfordshire	32% National average	Sep-24	64.72%	↑	↑
National Objective Strategic Metric - Quality	Waiting time standard, care plan, outcome measure	In development (estimated completion - FY25. Status: technical development initiated; waiting for national team to release code)				
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Buckinghamshire)	60%	Quarterly measure - Q2 performance will be reported once published nationally			
National measure	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	60%				
National measure	Improve access to perinatal mental health services	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National measure	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	In development for Q3 2024 (revised timeline)				
National measure	Number of people accessing IPS	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National measure	Recover dementia diagnosis rate (nationally reported system measure - Buckinghamshire)	63-64%	Sep-24	59.22%	↓	↑
National measure	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	63-64%	Sep-24	63.06%	↑	↑

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# Mental Health Services – Adult & Older Adult Community

Metrics meeting national average & System metrics:



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# Mental Health Services – Urgent Care – Summary dashboard

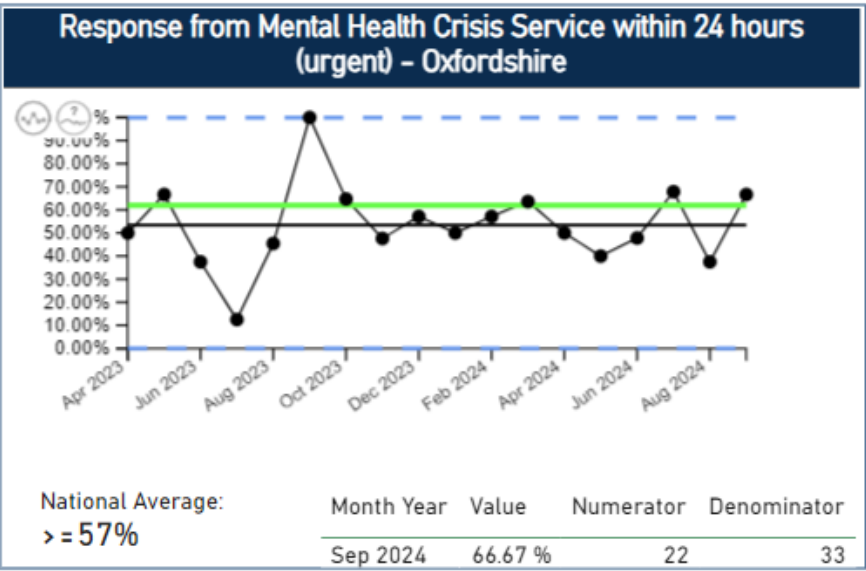
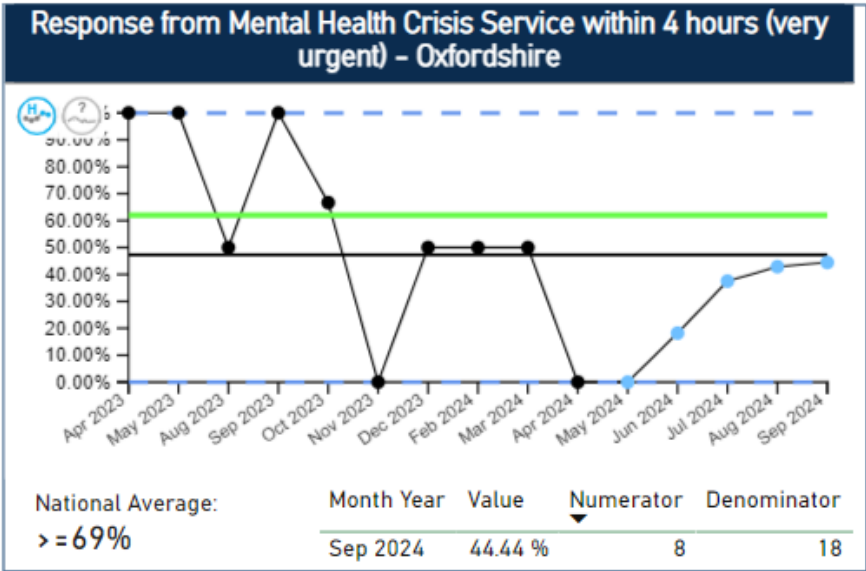
Narrative provided only for metrics under national average (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Urgent Care						
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Buckinghamshire	62% National average	Sep-24	87.84%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	62% National average	Sep-24	91.75%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Buckinghamshire	74% National average	Sep-24	95.83%	↑	↑
National Objective	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	74% National average	Sep-24	100%	→	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Buckinghamshire	69% National average	Sep-24	80.00%	↑	↑
National Objective	Response from Mental Health Crisis Service within 4 hours (Very Urgent) - Oxfordshire	69% National average	Sep-24	44.44%	↓	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Buckinghamshire	57% National average	Sep-24	65.35%	↑	↑
National Objective	Response from Mental Health Crisis Service within 24 hours (Urgent) - Oxfordshire	57% National average	Sep-24	66.67%	↑	↑

\* National average over April – December 2023



# Mental Health Services – Urgent Care



## Summary

New standards are being introduced for Mental Health Urgent Care Services. The trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes. There are currently no national targets set, and the Trust will be baselining against the national average position.

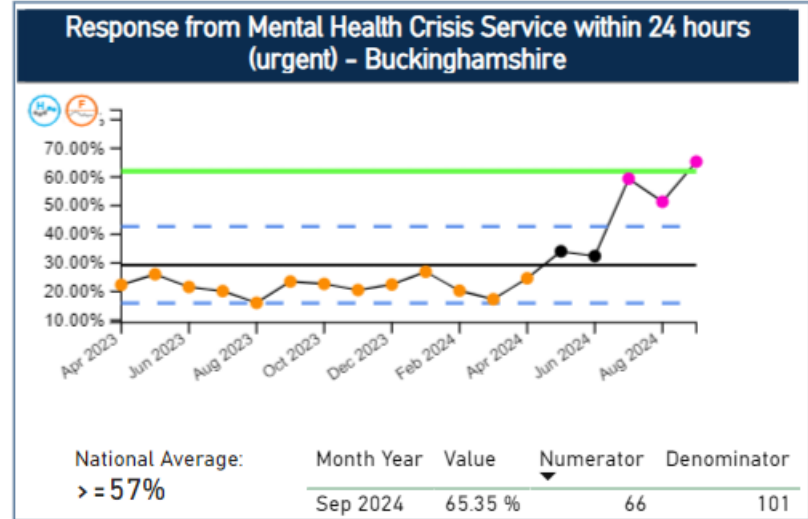
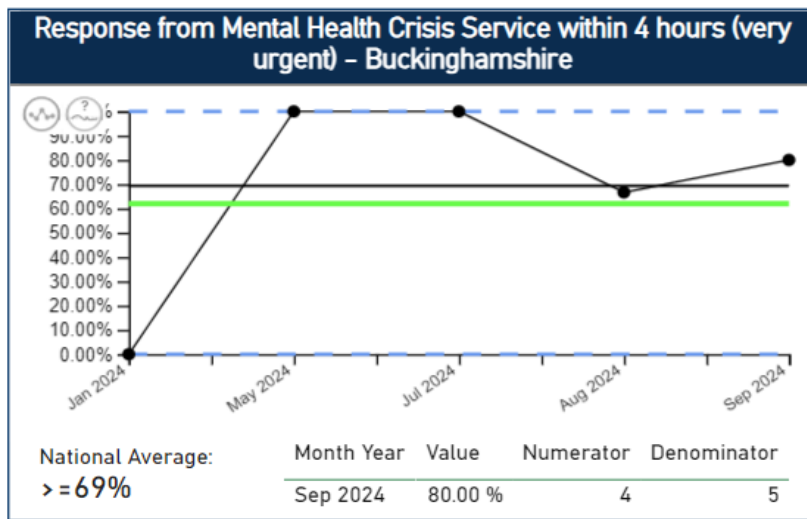
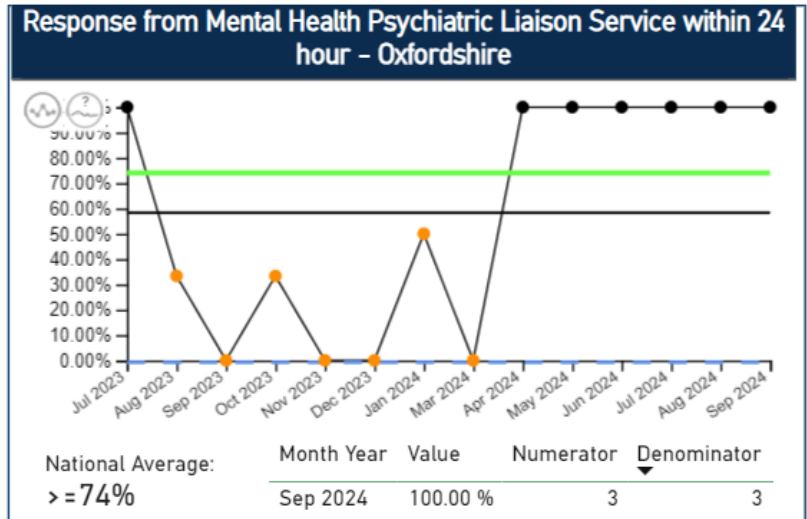
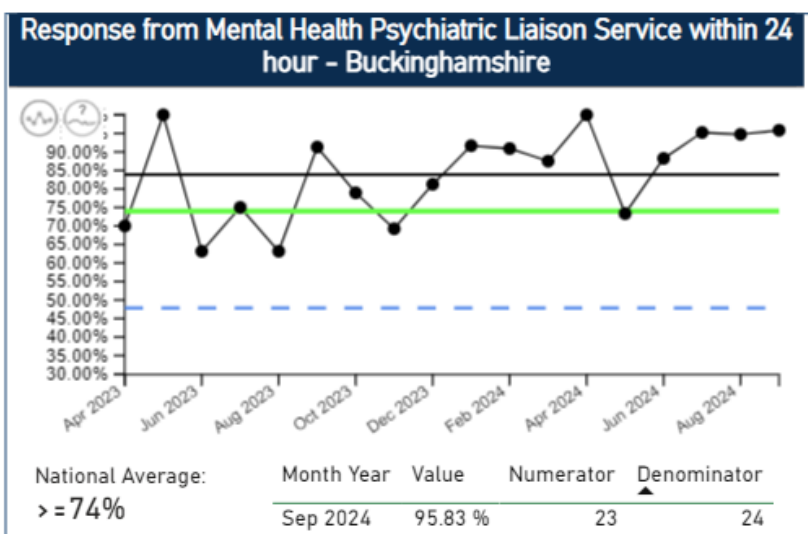
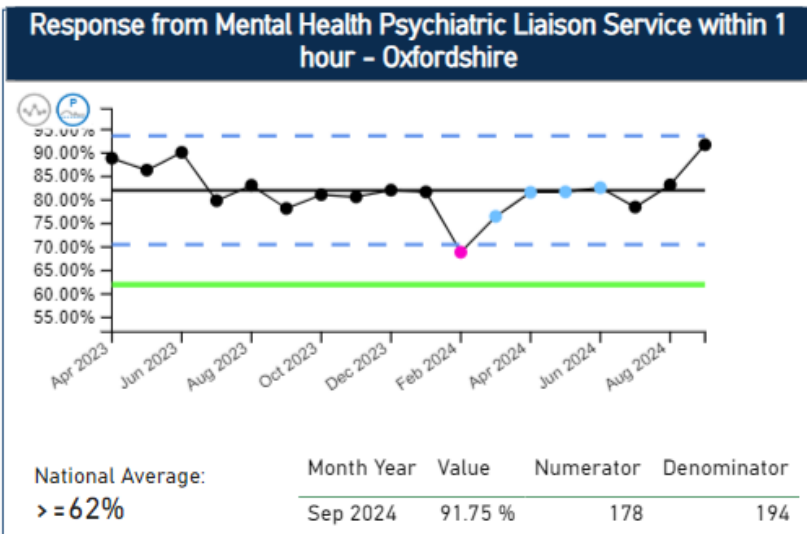
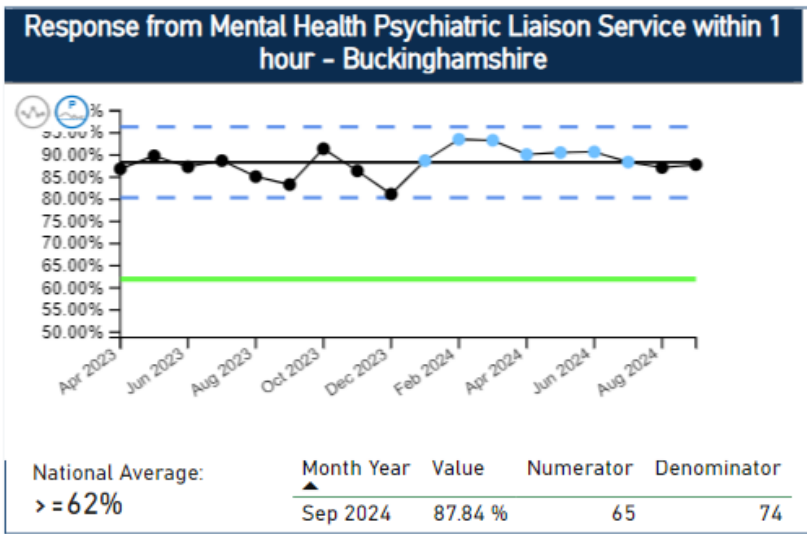
Two graphs represent the Mental Health Crisis Service in Oxfordshire, which only operates full crisis service within Oxford City and North-East Oxfordshire and Home treatment service in North and West Oxfordshire; the rest of the county is covered by Community Adult and Older Adult Mental Health Teams. In September 2024, Oxfordshire Mental Health Crisis Service saw 44.44% of very urgent patients within the 4-hour standard. There is more activity undertaken within the Urgent Care pathway, however, due to specific national definitions such activity is not represented in Mental Health Urgent Care waiting standards.

## Actions

- Data recording guidance being rolled out across teams with the aim of improving data input and quality
- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement

# Mental Health Services – Urgent Care

Metrics meeting national average:



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# Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (1/2)

Narrative provided for metrics under target (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Acute / In-patients (Adults & Older Adults)						
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Adult (acute & Psychiatric Intensive Care Units) - Buckinghamshire	13% National average	Sep-24	13%	↓	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	13% National average	Sep-24	20%	↑	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Buckinghamshire	13% National average	Sep-24	15%	↓	↓
National Objective	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Oxfordshire	13% National average	Sep-24	9%	↓	↓
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Buckinghamshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective NOF	Rate per 100,000 population in adult acute beds with a length of stay over 60 days - Oxfordshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Buckinghamshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National Objective NOF	Rate per 100,000 population in older adult acute beds with a length of stay over 90 days - Oxfordshire	In development (revised estimated completion – Q3 2024. Status: technical development in testing)				
National measure	72 hour follow up for those discharged from mental health wards - Adults - Buckinghamshire	80%	Sep-24	81.25%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	80%	Sep-24	83.87%	↓	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Buckinghamshire	80%	Sep-24	100%	↑	↑
National measure	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	80%	Sep-24	92.31%	↓	↑

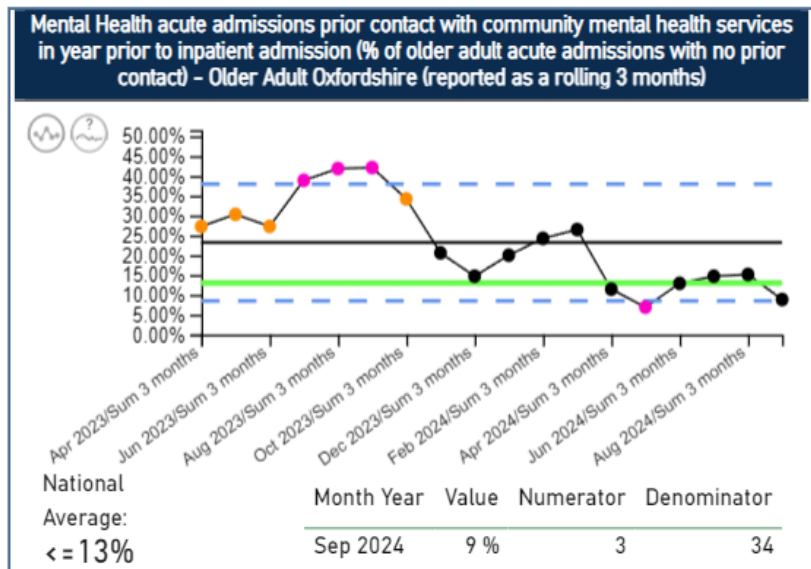
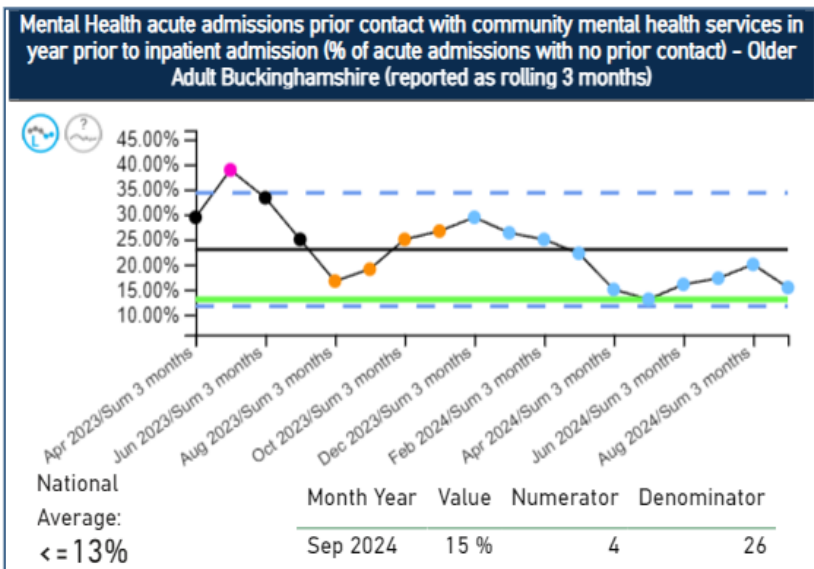
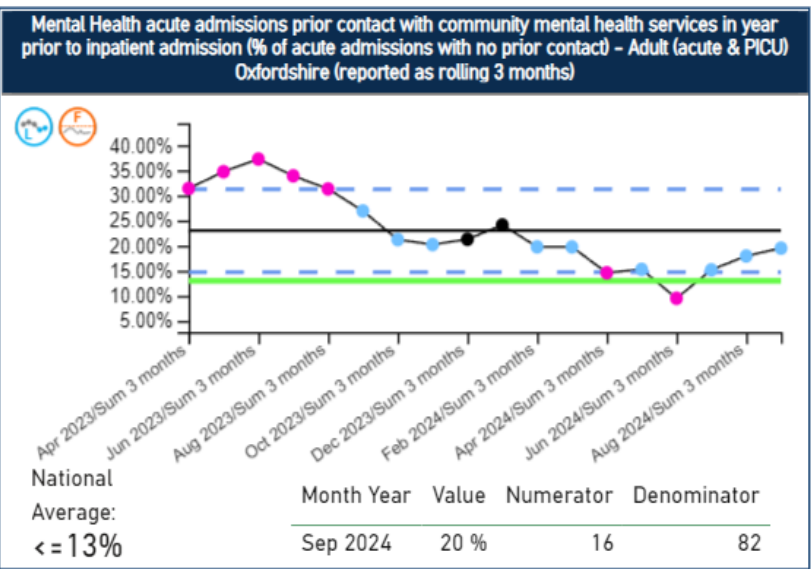
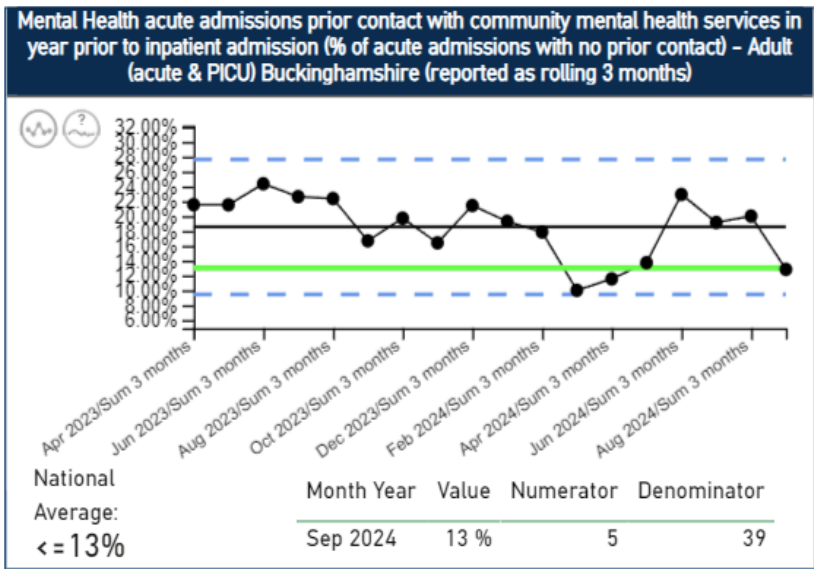
# Mental Health Services – Acute / In-patients (Adults & Older Adults) – Summary dashboard (2/2)

Narrative provided for metrics under target (value coloured in red below)

Type of metric	Service Area/Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
Acute / In-patients (Adults & Older Adults)						
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Buckinghamshire	3	Sep-24	6	↑	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Buckinghamshire		Sep-24	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Buckinghamshire		Sep-24	0	→	↓
National measure	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	5	Sep-24	0	→	↓
National measure	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Sep-24	0	→	↓
National measure	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Sep-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Sep-24	87	↑	↓
NOF	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Buckinghamshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate older adult acute mental health out of area placements - beds days in month - Buckinghamshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	n/a	Sep-24	0	→	↓
NOF	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	n/a	Sep-24	0	→	↓
National Objective	% adult readmission within 30 days for mental health - Buckinghamshire	n/a	Sep-24	0%	→	↓
National Objective	% adult readmission within 30 days for mental health - Oxfordshire	n/a	Sep-24	0%	↓	↓
National Objective	% older adult readmission within 30 days for mental health - Buckinghamshire	n/a	Sep-24	0%	→	↓
National Objective	% older adult readmission within 30 days for mental health - Oxfordshire	n/a	Sep-24	0%	→	↓
National Objective	Average number of clinically ready for discharge patients per day - Buckinghamshire	n/a	Sep-24	8	↑	↓
National Objective	Average number of clinically ready for discharge patients per day - Oxfordshire	n/a	Sep-24	6	↑	↓

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# Mental Health Services – Acute / In-patients (Adults & Older Adults)



## Summary

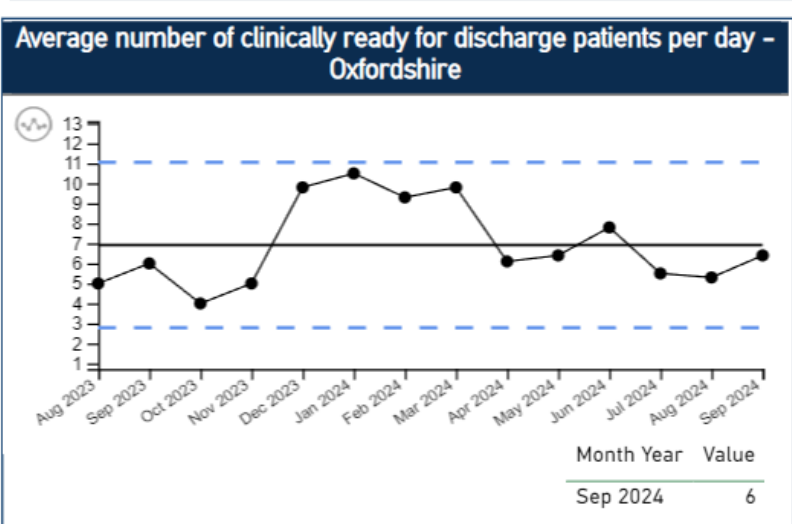
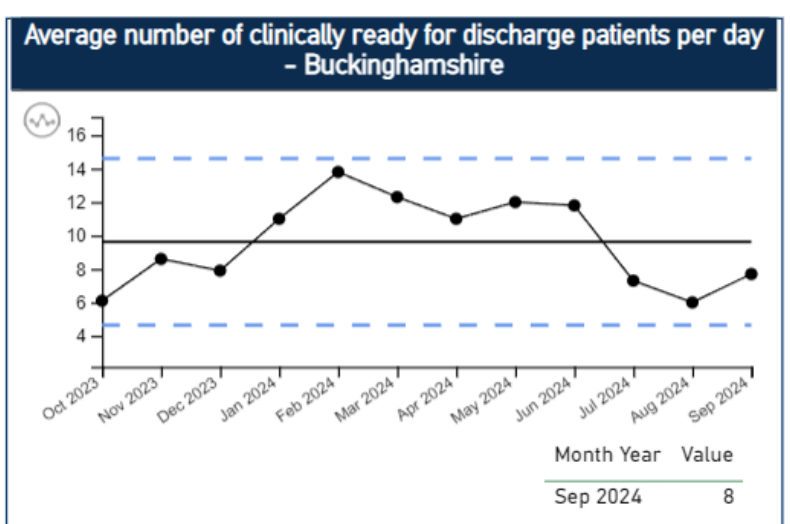
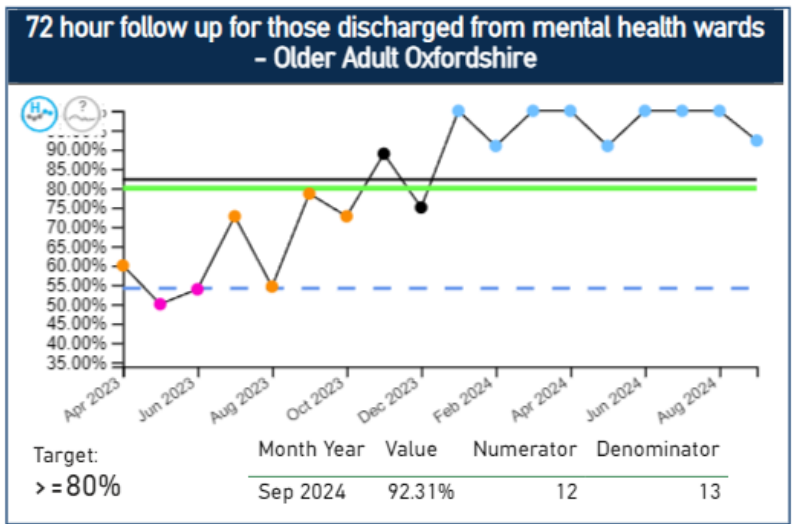
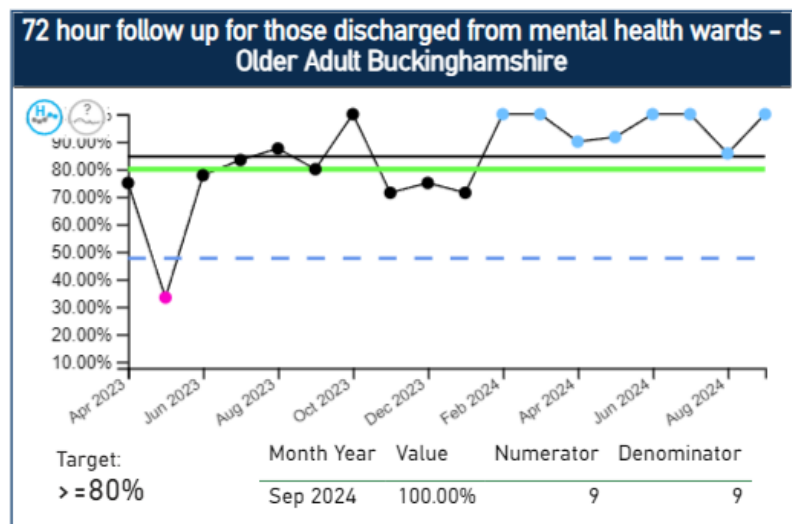
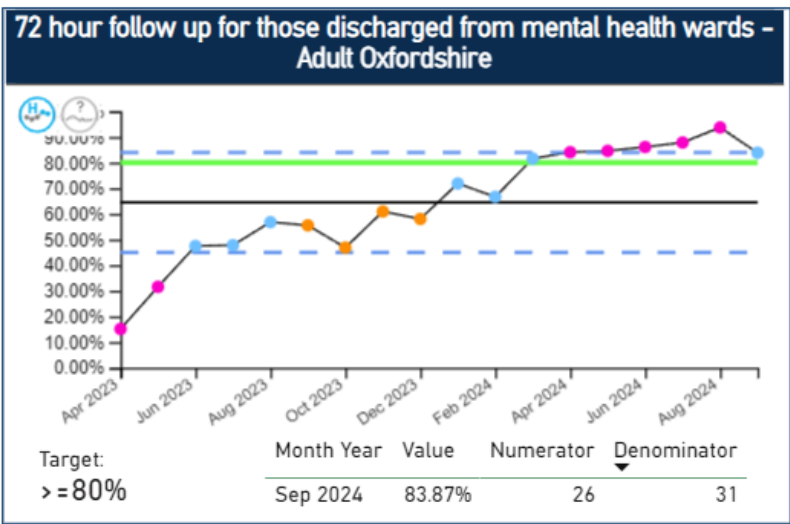
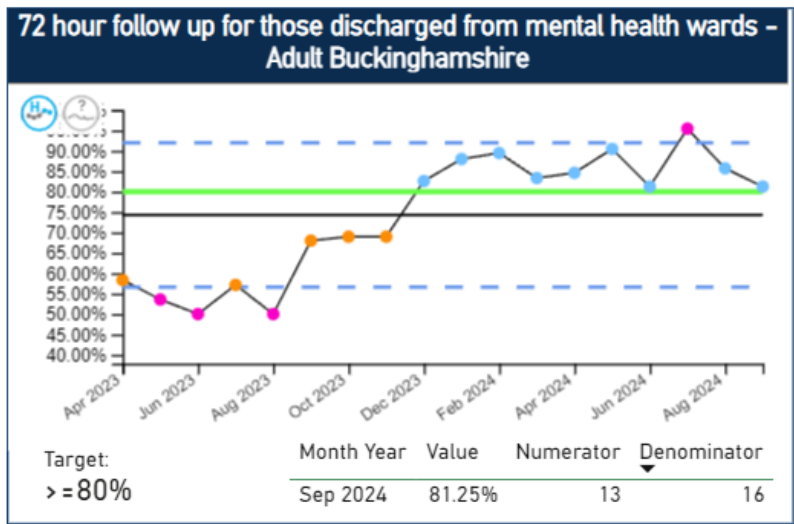
This metric monitors the rate of acute admissions with no previous contact in the reporting period (as per national definitions contact 48 hours prior to admission is excluded from this measure). Acute admissions are defined by the type of hospital bed used in the admission; the Trust monitors Adult Acute & Psychiatric Intensive Care Unit (PICU) and Older Adult admissions separately. All providers are measured on a rolling 3-month position, so September 2024 performance includes July, August and September 2024 performance. Nationally on average 13% of acute admissions are of patients who have not had prior contact with community mental health services in a year prior to an admission to an inpatient unit. Such admissions were at a higher rate than the national average in the month of September 2024.

## Actions

Continuous review of patients admitted without prior contact to establish whether such patients represent an unmet need within the community.

# Mental Health Services – Acute / In-patients (Adults & Older Adults)

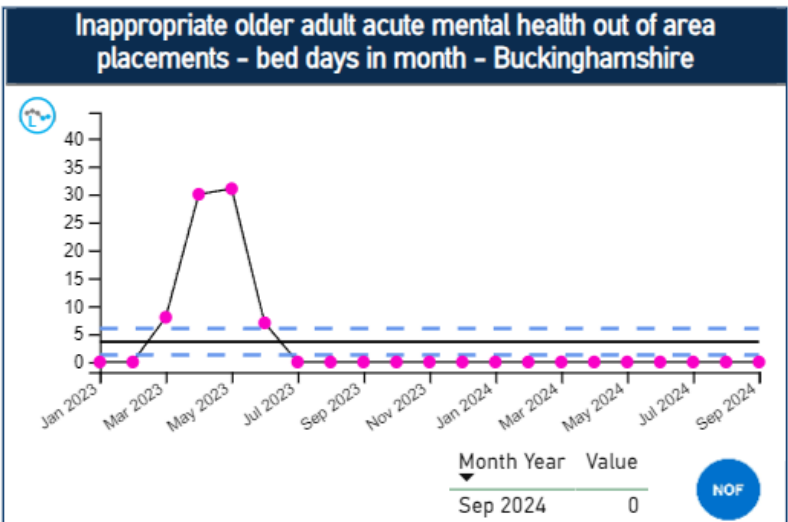
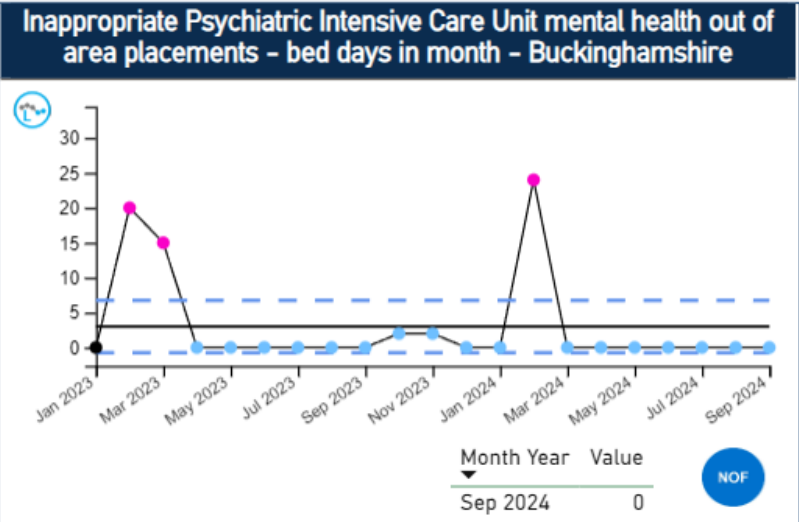
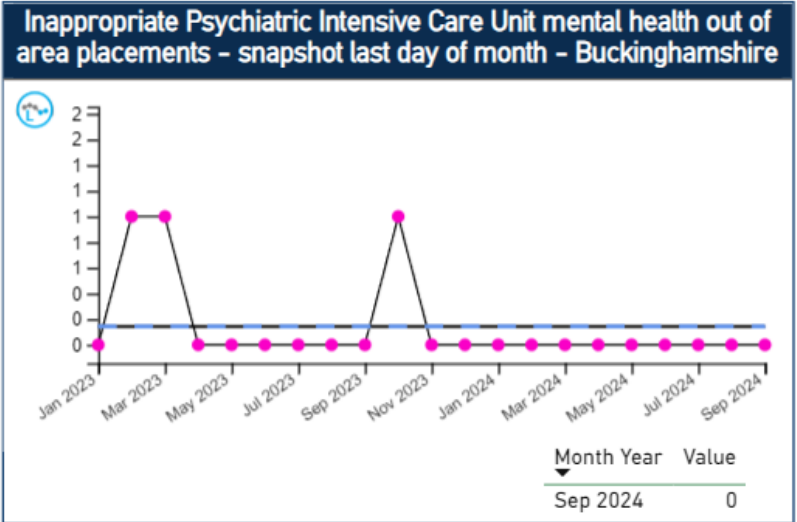
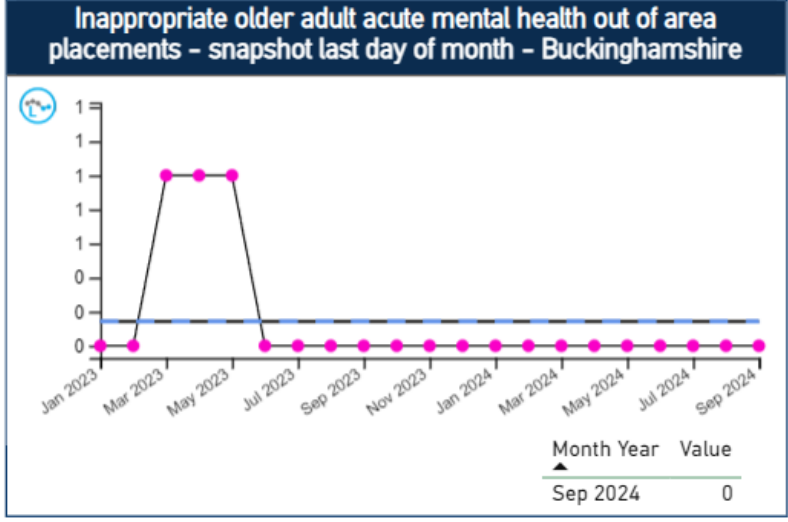
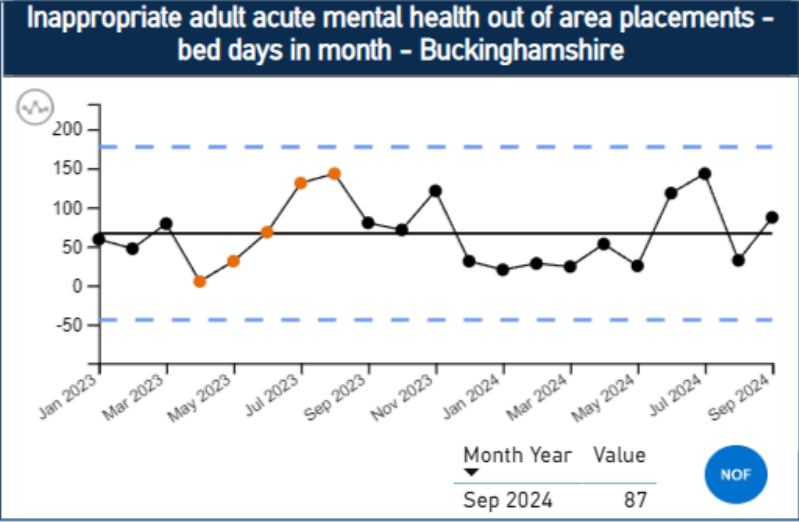
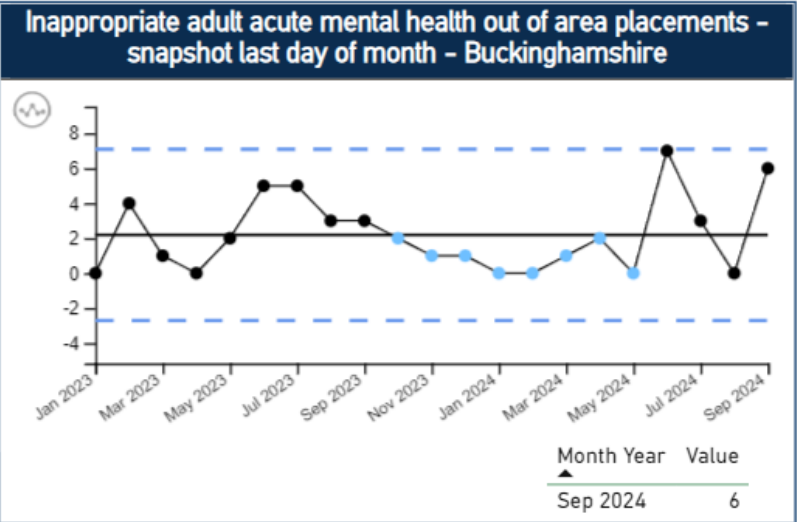
Metrics meeting target, being baselined or with target yet to be confirmed:



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# Mental Health Services – Acute / In-patients (Adults & Older Adults)

Metrics meeting target, being baselined or with target yet to be confirmed:

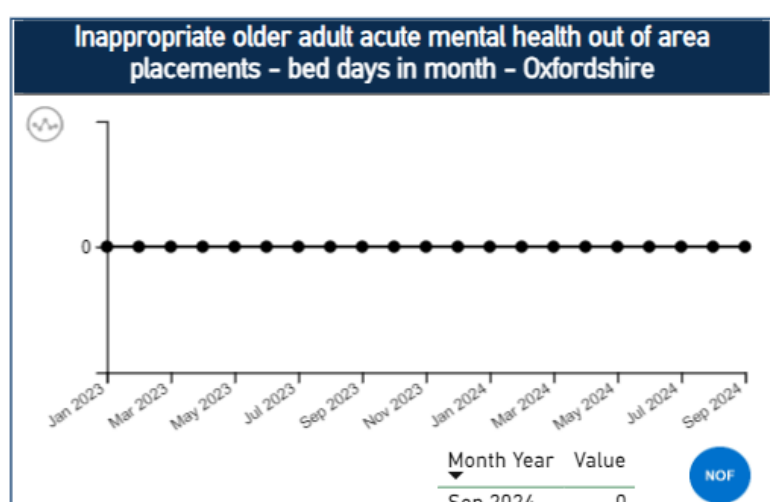
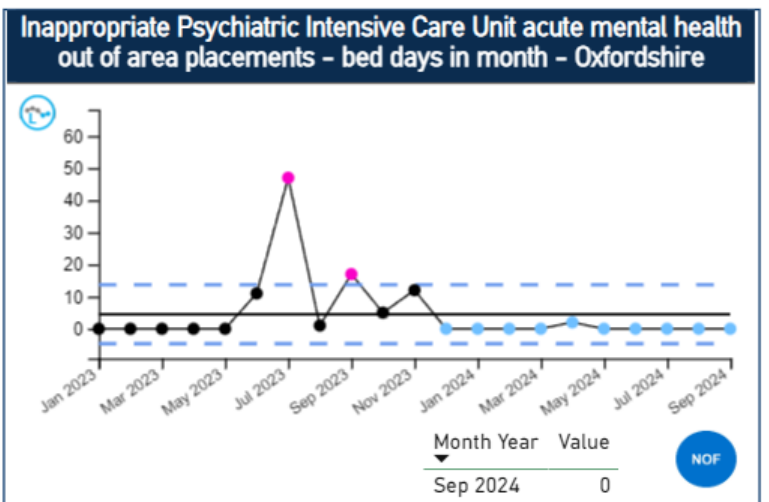
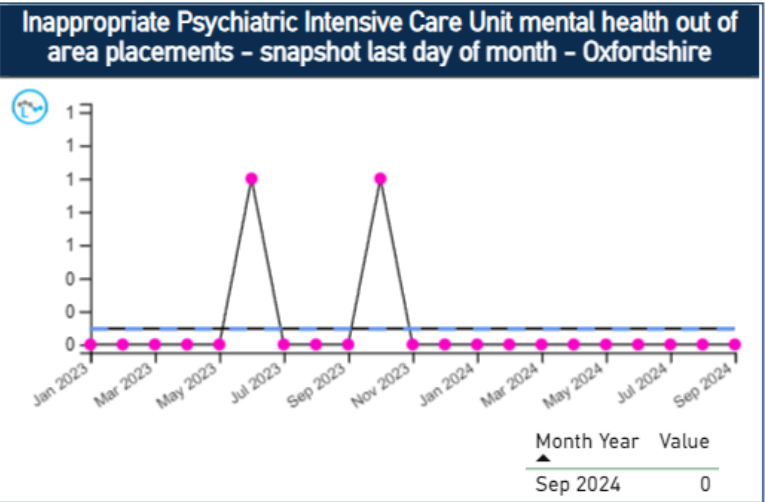
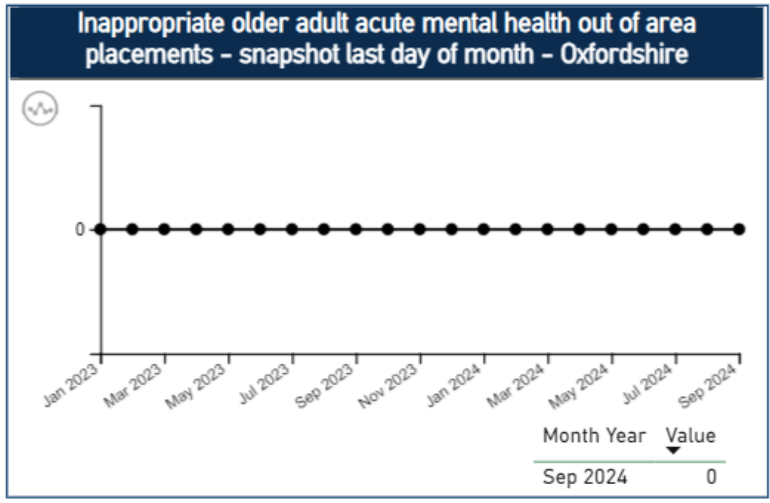
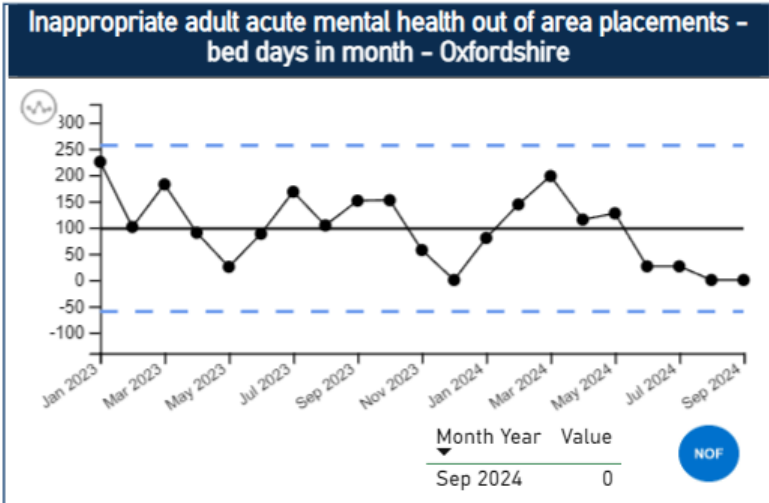
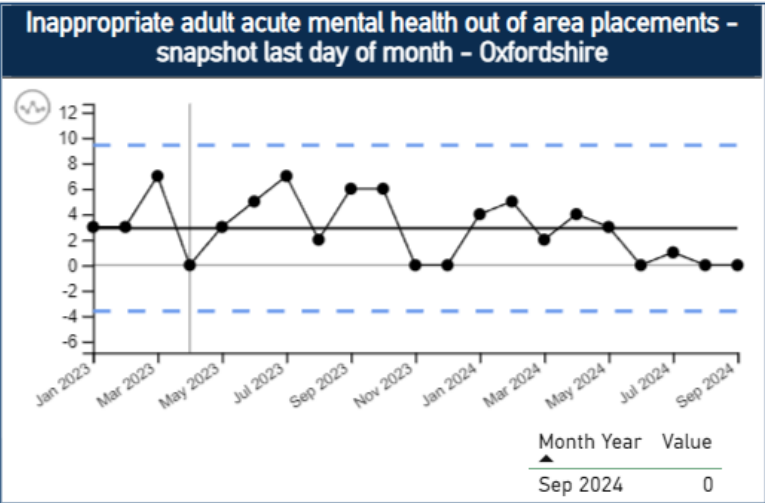


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# Mental Health Services – Acute / In-patients (Adults & Older Adults)

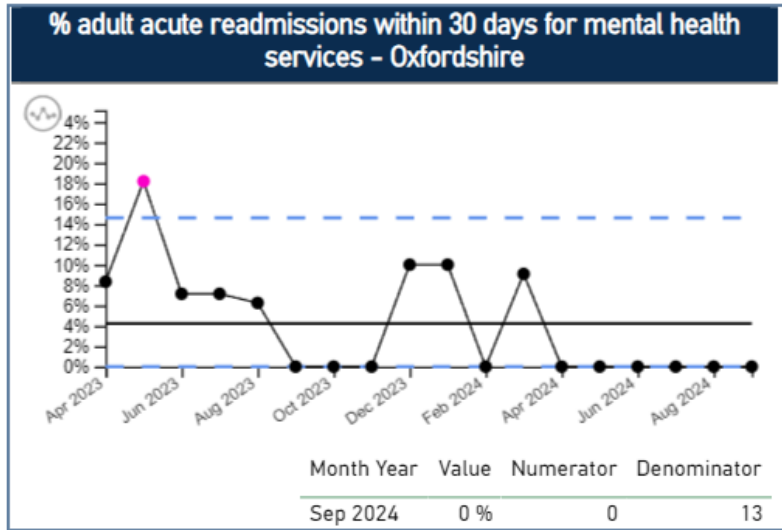
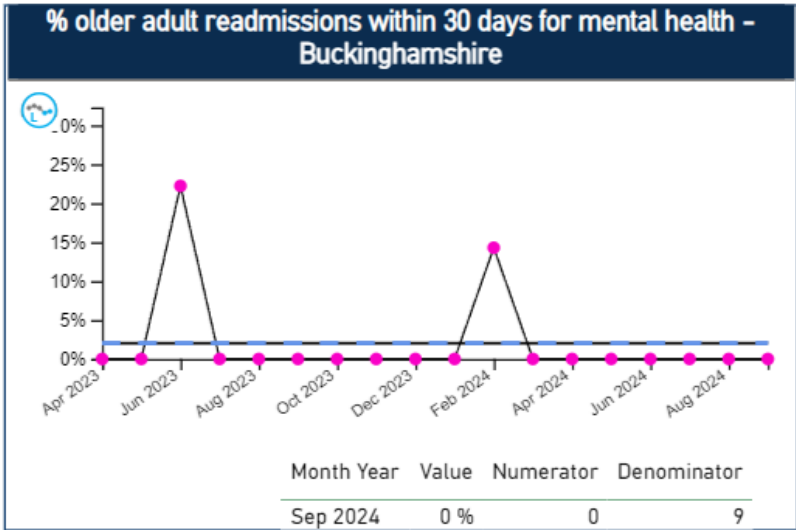
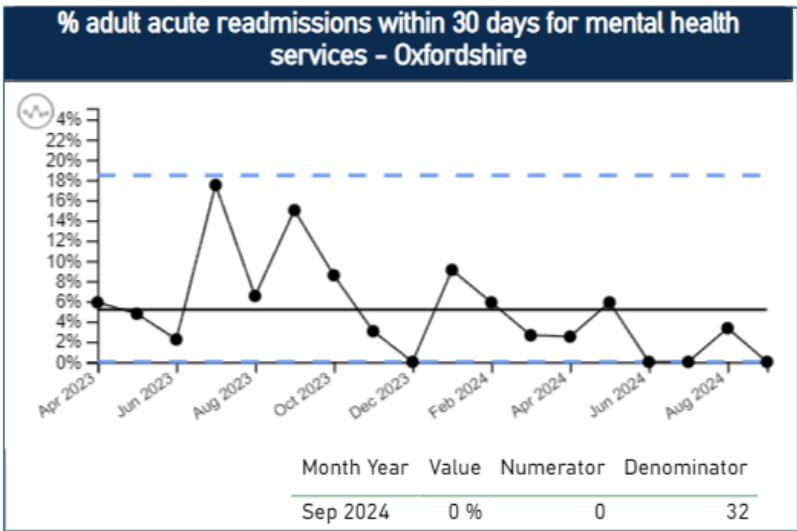
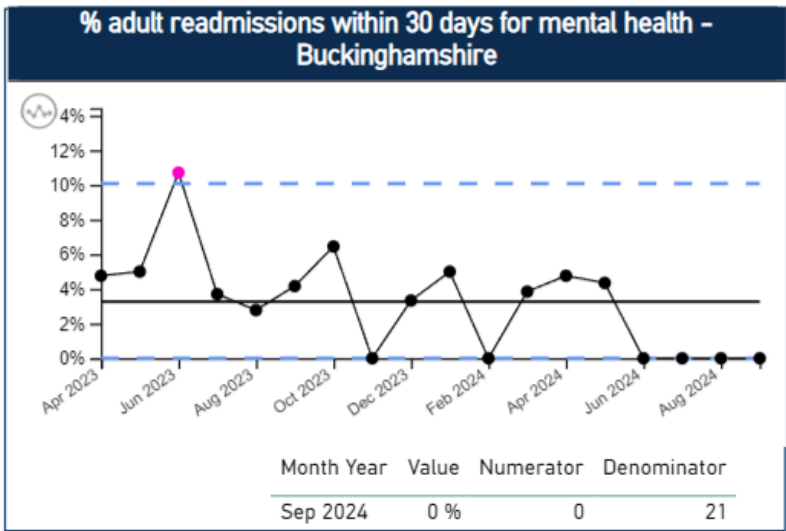
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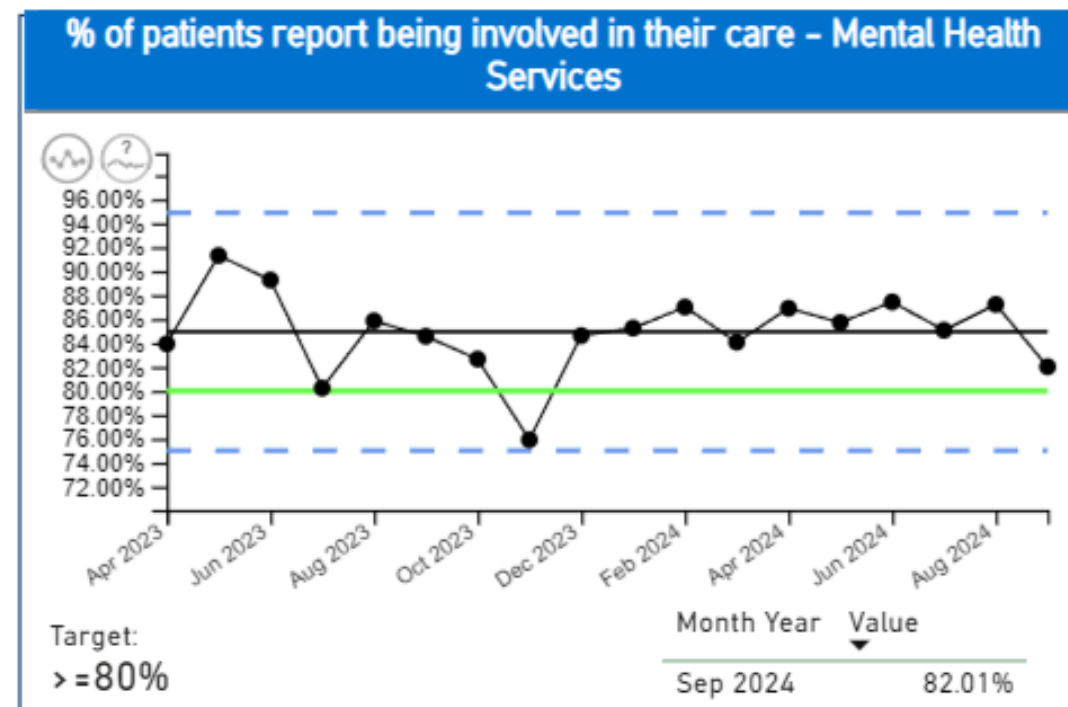
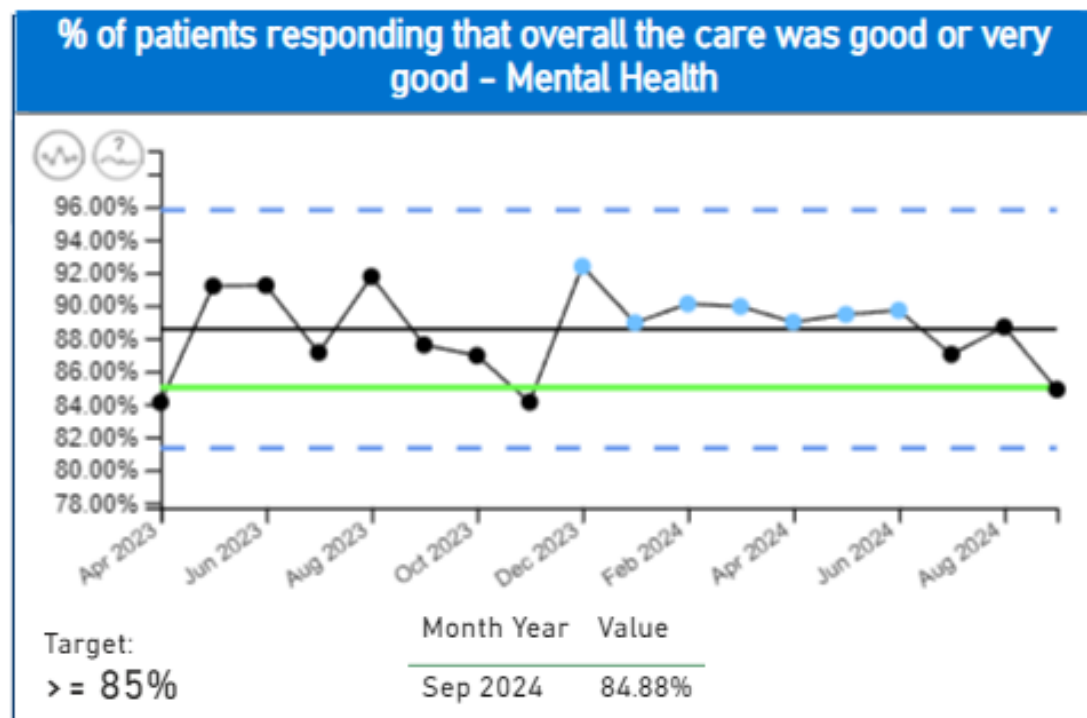
# Mental Health Services – Acute / In-patients (Adults & Older Adults)

Metrics meeting target, being baselined or with target yet to be confirmed:



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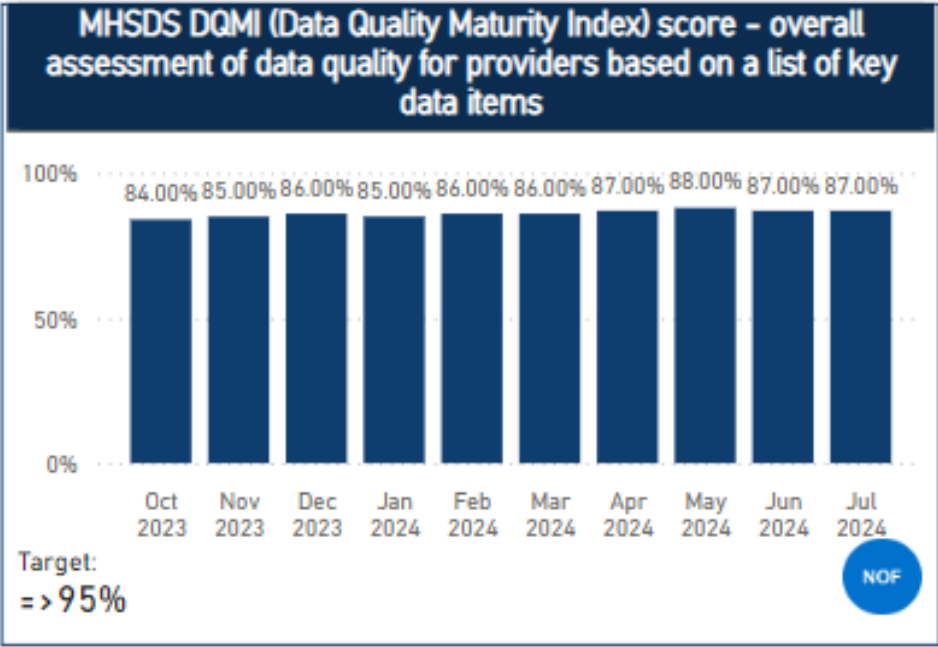
# Mental Health Services – In-Year Strategic metrics – For Information only



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# Mental Health Services – Mental Health Services Data Set Data Quality Maturity Index



## Summary

The Trust's Data Quality Maturity Index (DQMI) position has been impacted by the reporting outage and move to new clinical system. Additionally, a new version of Mental Health Services Data Set (MHSDS) was introduced in June 2024. The Performance & Information team are now reintroducing systems to routinely review DQMI performance and identify areas for improvement.

## Actions

- Following a review of MHSDS DQMI Performance & Information have identified those actions which can be addressed by configuration/dataset changes and those that need service improvements. These actions will be taken forward as appropriate.

# **Section 1.2**

## **Clinical performance (Community Health Service, Primary Care & Dentistry)**

# Community Health Service, Primary Care & Dentistry – Summary Dashboard

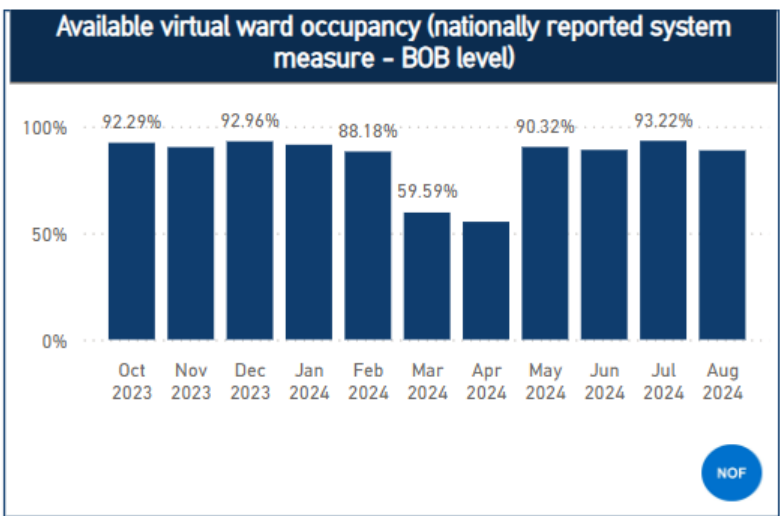
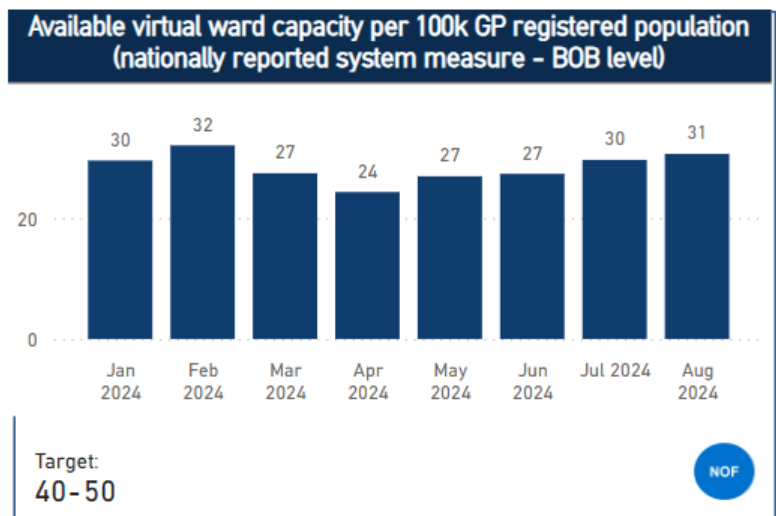
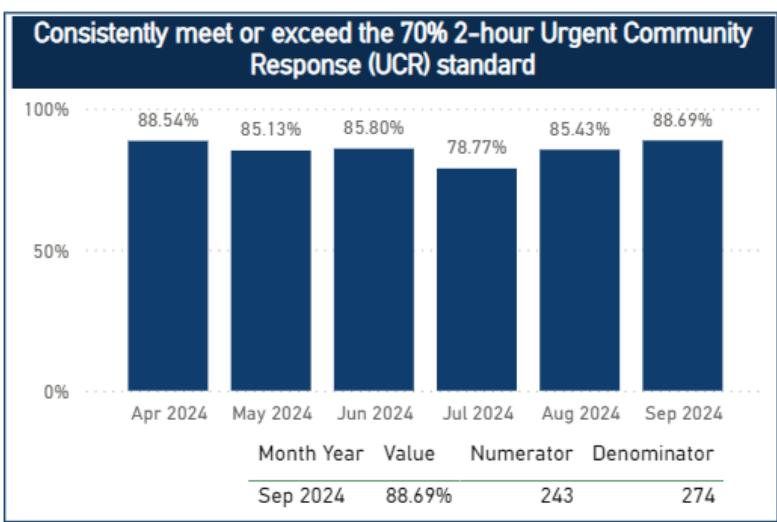
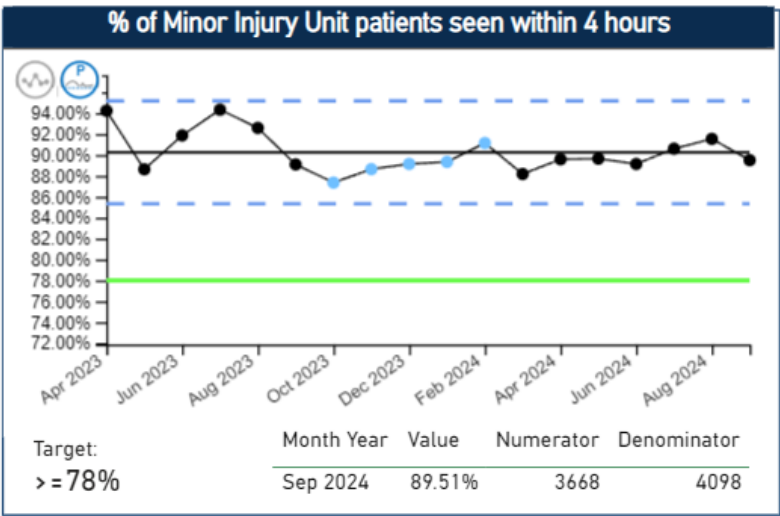
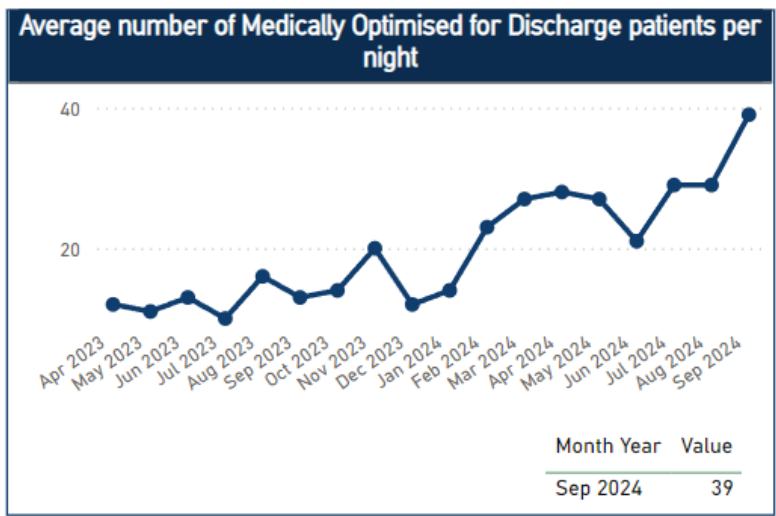
Narrative provided only for clinical metrics under target (value coloured in **red**) – none in September 2024. Please note that narrative for system measures will not be provided as these are monitored at Integrated Care Board (ICB) level and figures are provided to Trust Board for information only.

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Average Length of Stay in Community Hospitals by basket of care	<i>In development for FY25</i>				
	Average number of Medically Optimised For Discharge (MOFD) patients per night	Baseline	Sep-24	39	↑	↓
National measure	% of Minor Injury Unit patients seen within 4 hours	78%	Sep-24	89.51%	↓	↑
National measure	Consistently meet or exceed the 70% 2-hour Urgent Community Response (UCR) standard	70%	Sep-24	88.69%	↑	↑
NOF National Objective	Proportion of patients discharged from hospital by pathways	<i>In development for FY25</i>				
NOF	Available virtual ward capacity per 100k head of population (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	40-50	Aug-24	31	↑	↑
NOF National Objective	Virtual ward occupancy (nationally reported system measure - Buckinghamshire. Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) level)	TBC	Aug-24	88.71%	↓	↑
Strategic Metric - Quality	% of patients responding that overall care was good or very good	85%	Sep-24	92.52%	→	↑
Strategic Metric - Quality	% of patients report being involved in their care	85%	Sep-24	91.36%	↓	↑
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 30 minutes: time from receipt of the call from 111 to the start of the telephone consultation was 30 minutes	Baseline	Sep-24	95.24%	↑	↑
Strategic Metric - Quality	% of out of hours palliative care referrals responded to within 60 minutes: the time from completion of that triage call to the start of the home visit consultation was within 60 minutes	Baseline	Sep-24	55.08%	↑	↑
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) escalated appropriately	90%	Q2	74%	↑	↑
Strategic Metric - Quality	National Early Warning System (NEWS - national tool for detecting clinical deterioration) completed where applicable	90%	Q2	81%	↓	↑
Strategic Metric - Quality	% of breastfeeding prevalence at 6 - 8 weeks old	60%	Q2	59%	↓	↑
Strategic Metric - Quality	% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	<i>Reporting in development for FY25 subject to operational implementation</i>				

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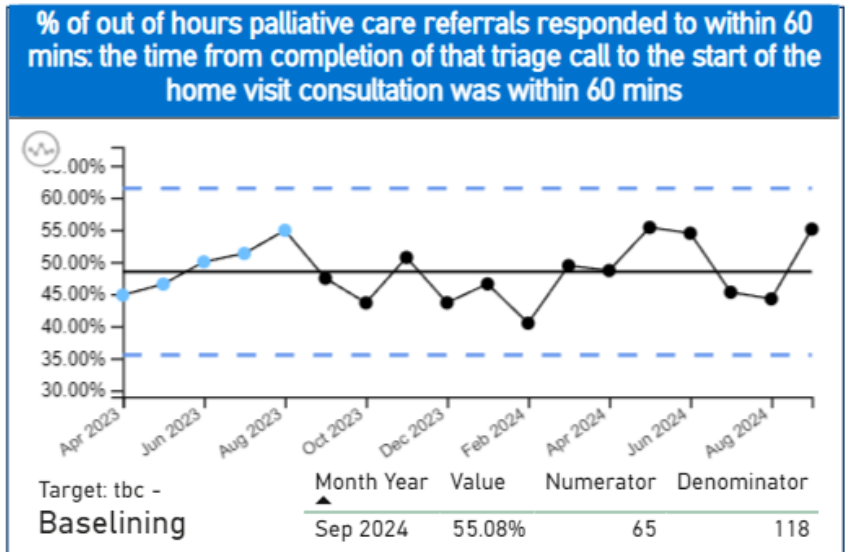
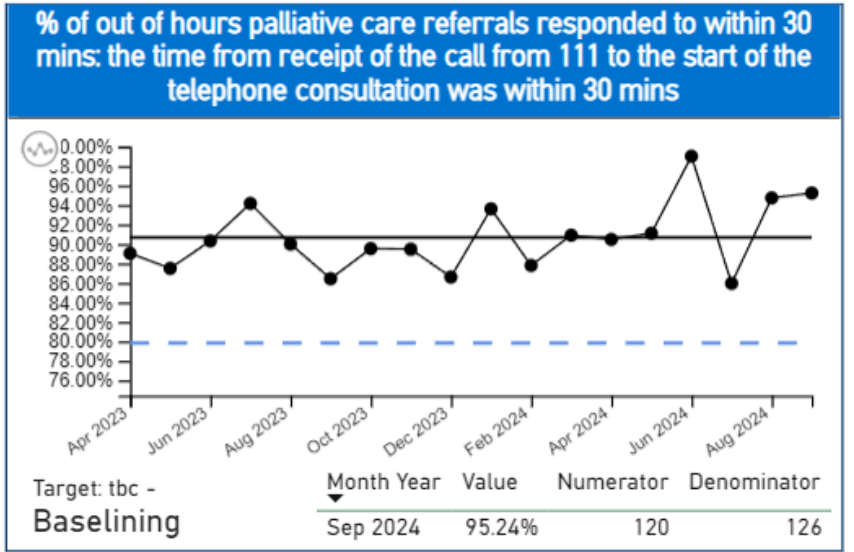
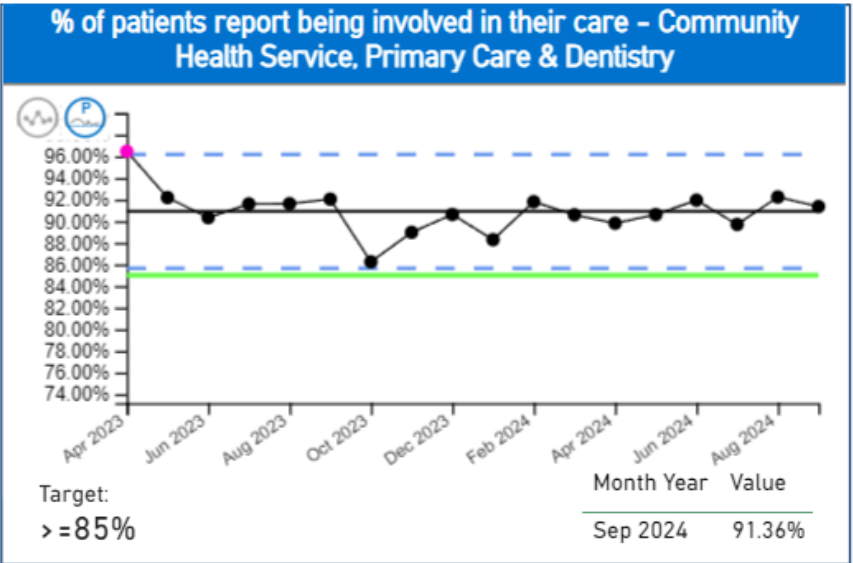
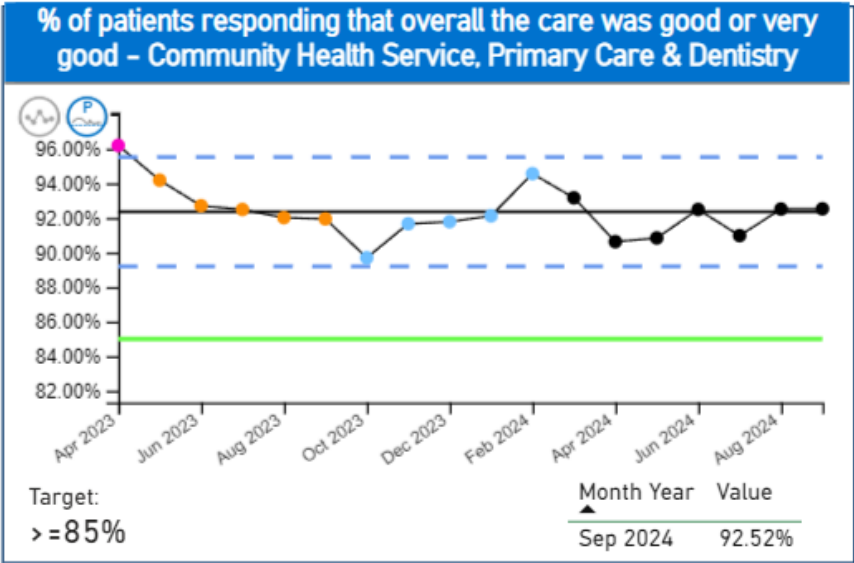
# Community Health Service, Primary Care & Dentistry

Clinical metrics meeting target, being baselined or with target yet to be confirmed:

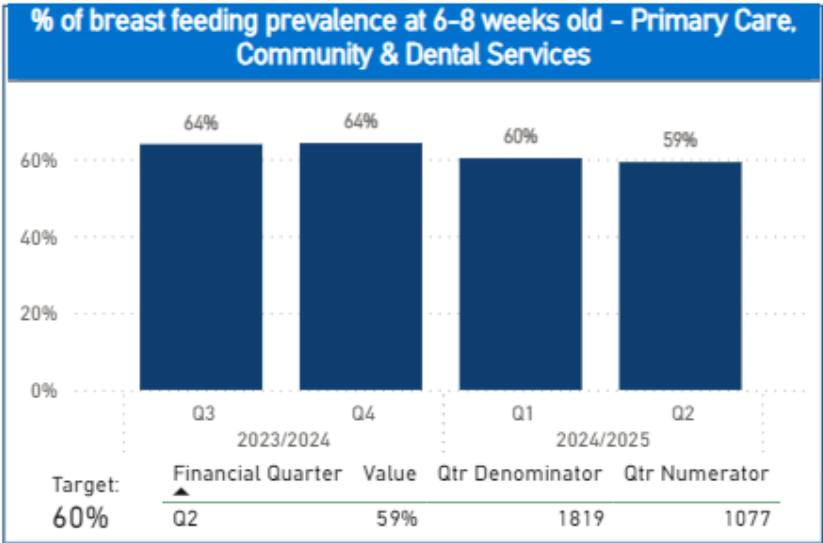
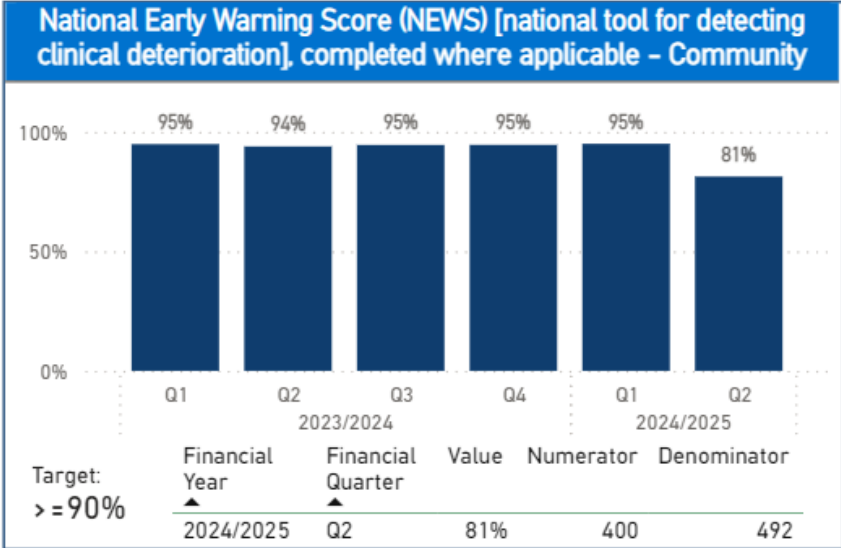
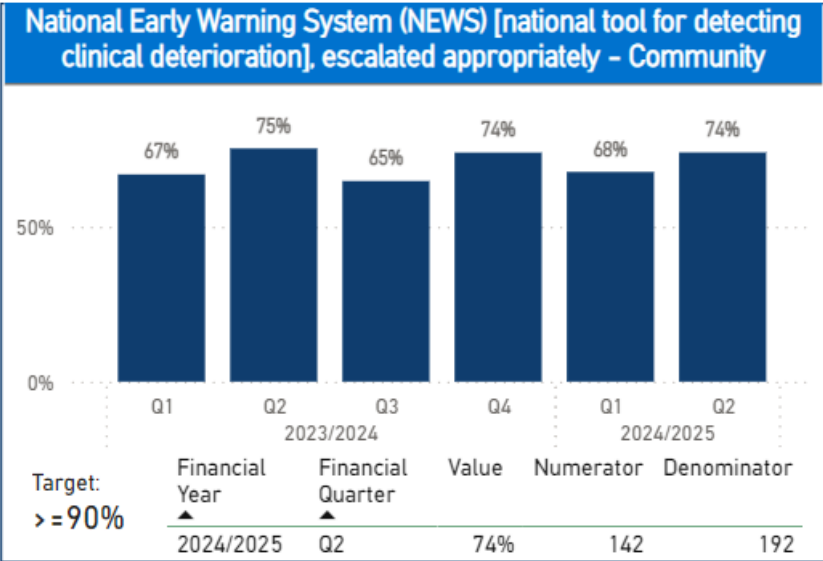


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# Community Health Service, Primary Care & Dentistry In-Year Strategic metrics – For Information only



# Community Health Service, Primary Care & Dentistry In-Year Strategic metrics – For Information only



# Section 2

## Quality People

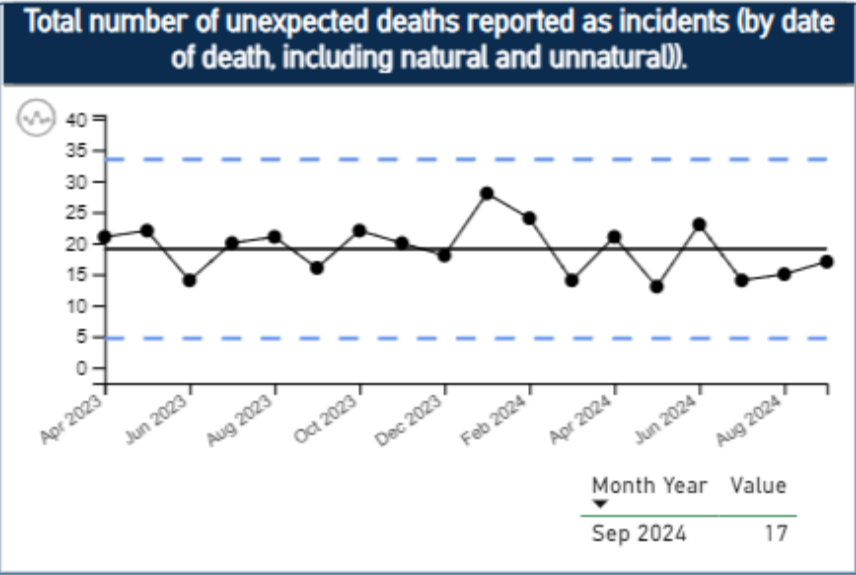
# Quality - Deliver the best possible care and health outcomes



# Quality – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
	Total number of patient incidents (all levels of harm)	TBC	Sep-24	1422	↑	n/a
	Total number of unexpected deaths reported as incidents (by date of death, including natural and unnatural)	TBC	Sep-24	17	↑	n/a
	Number of suspected suicides	TBC	Sep-24	3	→	n/a
	Total number of incidents involving physical restraint	TBC	Sep-24	278	↑	n/a
	Total number of complaints and resolutions	TBC	Sep-24	78	↑	n/a
	Total number of violence, physical, non-physical and property damage incidents (patients and staff)	TBC	Sep-24	330	↑	n/a
Strategic Metric - Quality	Reduction in the use of prone restraints (number of incidents involving prone restraint)	Less than 16 per month	Sep-24	10	↓	↓
Strategic Metric - Quality	Reduction in use of seclusion (number of incidents involving seclusion)	Less than 48 per month	Sep-24	29	↑	↓
Strategic Metric - Quality	% of community mental health patients with "My Safety Plan" completed where suicide is identified as a risk within assessment	In development for FY25. Status: Definition of reporting work in progress				
Strategic Metric - Quality	Rate per 100,000 population of detentions on admissions to hospital of black or black British patients in relation to all other ethnic groups	In development for FY25 (revised timeline). Status: Technical development in progress				

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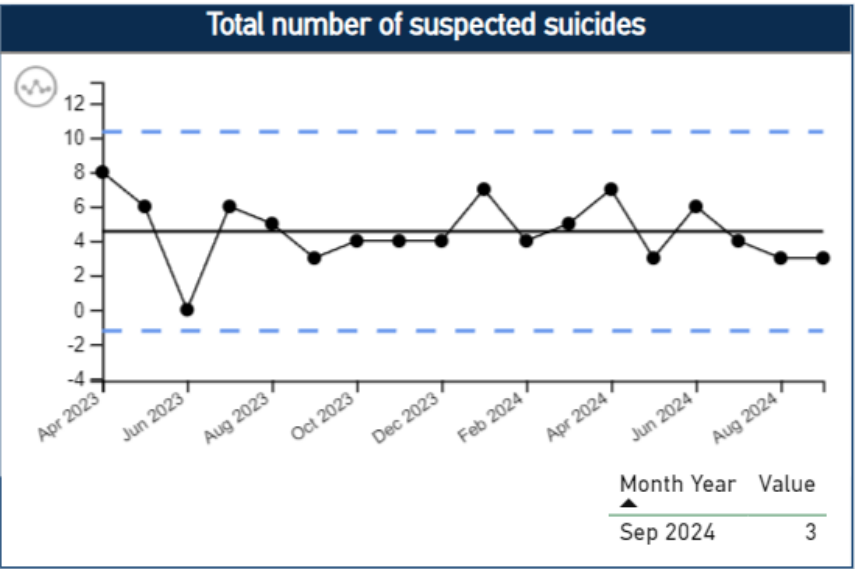


**Summary, highlights, actions**

The Trust takes our role and responsibilities very seriously around reviewing, learning and taking appropriate actions after a death. The Trust's learning from deaths process reviews all known patients against a national database to ensure we identify and review all deaths, including patients under our care at the time of their death and those who die within 12 months of their last contact. The oversight of key themes and learning is led by the Trust's Mortality Review Group chaired by the Chief Medical Officer.

Our internal process involves 2 senior clinicians screening every known patient death and then depending on the outcome of this initial review and/or the circumstances of the death this is then reported onto Ulysses (graph based on deaths reported onto Ulysses – both patients open and discharged at time of death). All unexpected deaths are then scrutinised by the Directorate senior management team through their weekly safety meeting, which will identify any actions and if further scrutiny is required. Alongside this we link into multi-agency reviews for all deaths of children, people who are homeless, and people with a diagnosis of autism and/or a learning disability. As well as coroner inquests and share learning through the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System learning from deaths network.

In line with the national programme, we have started to roll out the medical examiner role from Sept 2024 to expand the independent review of cause of death for all non-coronial/ expected deaths.

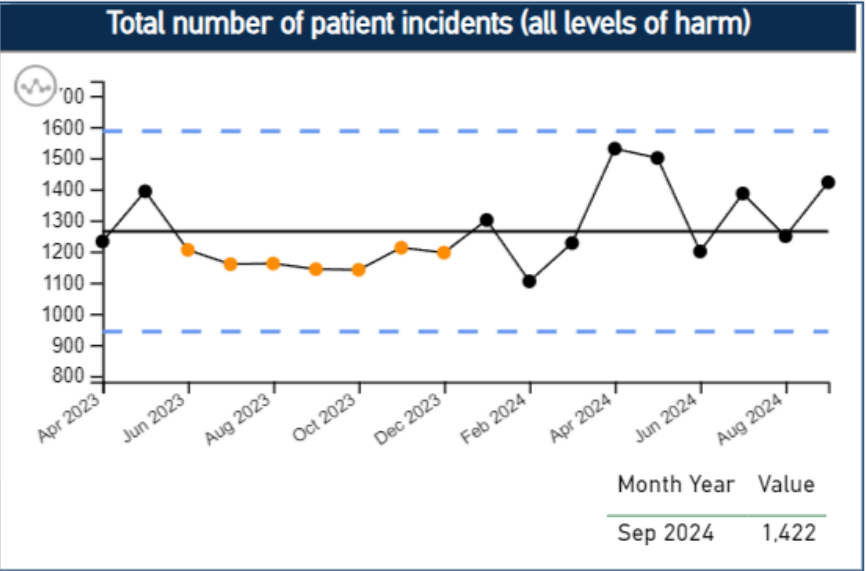


**Summary, highlights, actions**

All suspected suicides are identified in near real-time daily and reviewed. Most will have an incident learning huddle completed with the clinicians involved in addition to the offer of psychological support to staff and family liaison support/Amparo to bereaved relatives.

There have been 37 suspected/confirmed suicides for open and discharged patients in the last 12 months, of which 20 were open at the time to mental health services. There were a higher number of male suspected suicides (25 males/12 females). In Q2 (July-Sept 2024) there were 7 suspected suicides. We have seen a lower number of deaths by month than the average between Feb-Sept 2024. The Thames Valley Real Time Surveillance System shows that for about half of suicides in the population the person was known at some time to OHFT services.

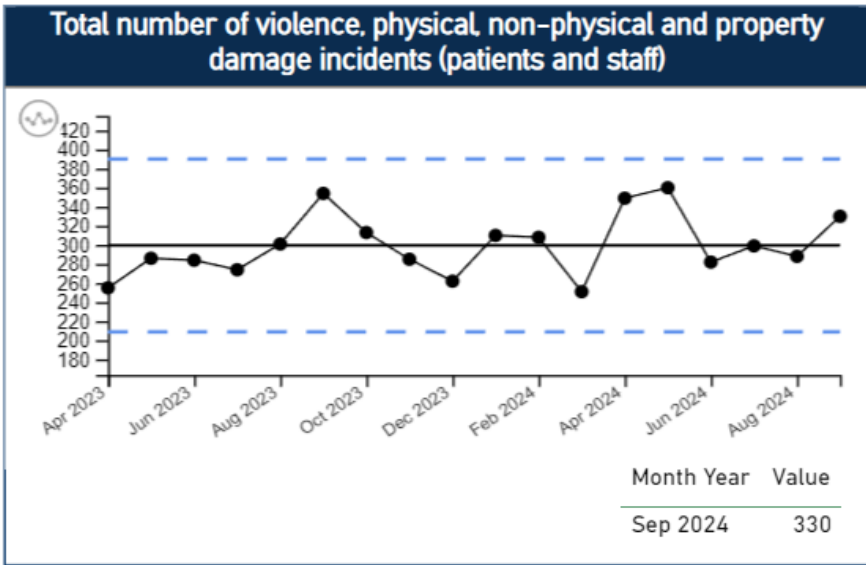
The Trust has a Suicide Prevention Group to steer our work linked into national and regional priorities and also the work of the Oxford Centre of Suicide Research. There has been lots of work in the last year on training/education around suicide risks and prevention. The regional Suicide Prevention and Intervention Network (SPIN) continues to meet quarterly, which enables regional oversight of data, actions, sharing of information and progress against national strategy.



**Summary, highlights, actions**

The slight increase in number of patient incidents in the last 4 months relates to incidents with no harm or minor harm. The number of moderate/severe harm incidents has remained the same or marginally reduced.

During September 2024, most incidents related to patients self-harming on mental health wards, particularly patients striking themselves. This is followed by verbal abuse/violence from patients towards staff and then medicine administration. Most incidents were reported by the 3 Child and Adolescent Mental Health (CAMHS) wards, including the Psychiatric Intensive Care Unit, followed by 2 forensic mental health wards. 55% of incidents resulted in no harm/near misses and 39% minor harm. The 5 severe harm incidents related to 1 forensic inpatient who did not return from leave and died unexpectedly whilst AWOL (Absent Without Leave), 2 serious self-harm incidents in the community and a rapidly deteriorating patient at home where the following services were struggling to manage her needs- the community therapy service, urgent community response and GP. We also identified and reviewed 2 suspected/confirmed sepsis cases in the community; 1 patient was known to a mental health team and 1 patient known to a district nursing team.

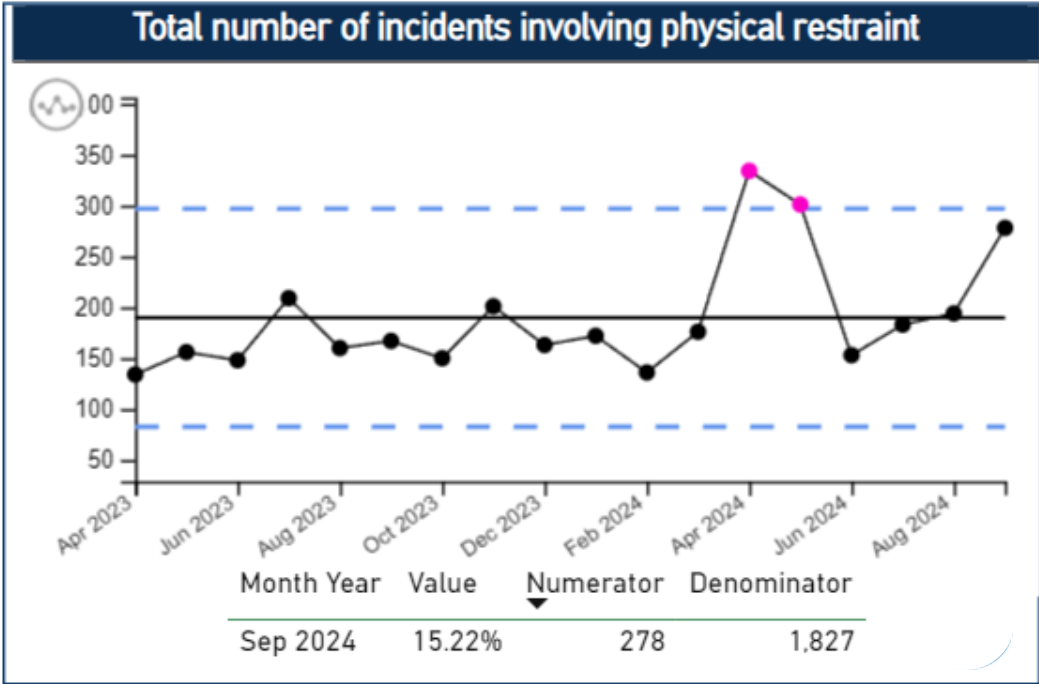


**Summary, highlights, actions**

There is no substantial change over time in the number of violent incidents reported. The majority relate to patient incidents. Most incidents occur on our mental health inpatient wards, particularly the forensic wards and the 2 Psychiatric Intensive care Units (adults and CAMHS). The type of violence is prominently verbal abuse from patients towards staff or physical violence no injury from patients to staff. About 10% of the violence had a racial element.

2 of the 330 incidents (both forensic wards) in Sept 2024 met the criteria for a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and were reported externally to the Health and Safety Executive (HSE) as a significant staff injury during the course of their work.

There is a new steering group on reducing violence and aggression in the workplace which includes developing an anti-racist statement, reviewing our approach to zero tolerance and identifying other initiatives. This is coupled with work to increase the safety and security of inpatient environments and work within the Positive and Safe Committee to continue the reduction in the use of restrictive practice.



**Summary, highlights, actions**

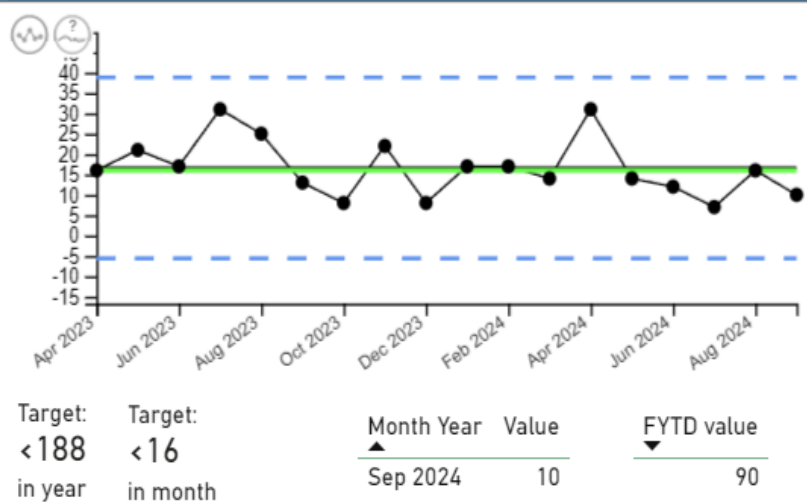
There has been an increase in restraint month on month since June 24 from 153 to 277 in September. There was a significant increase from August (194). The number of patients involved has remained the same with 52 patients across 23 wards in August to 51 patients across 19 wards in September.

The course group for incidents involving restraint is mainly Self harm (n=109), Violence (n=88) followed by Health (n=57). There were 21 incidents of restraint for administration of intramuscular injection (IM) medication and 27 for nasogastric (NG) feeding.

The areas with the highest use in September 2024 were across the Child & Adolescent pathway. Meadow (Child and Adolescent Mental Health, CAMHS Intensive Care units) with 92, CAMHS Marlborough House with 48, Highfield with 25. Sandford ward (older adults) had 22 incidents of restraint.

The use of physical restraint significantly increased in April and May 2024 compared to the previous 12 months, this was largely attributable to two Child and Adolescent Mental Health services, Highfield and Meadow wards. Both units saw a reduction in June, July and August 2024, however as outlined above there was an increase in September, particularly on Meadow and CAMHS Marlborough House.

Reduction in the use of prone restraints (number of incidents involving prone restraint)



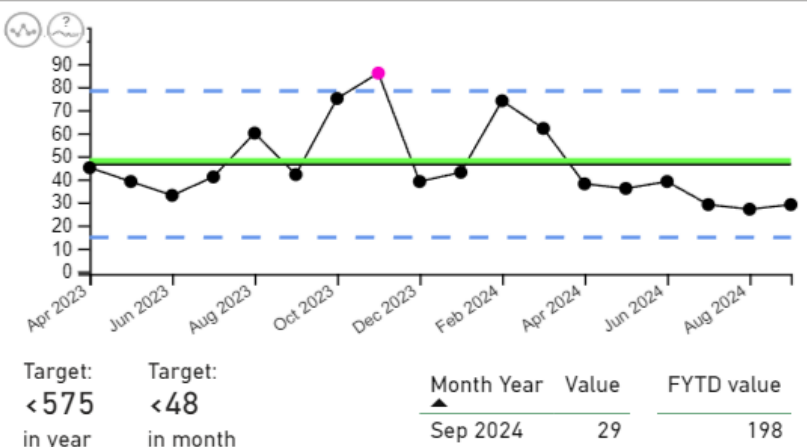
Summary

Reduction in the use of restrictive practices remain as key priority for the Trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018. Use of prone restraint (being held in a face or chest down position) carries increased risks for patients and should be avoided and only used for the shortest possible time. The prone position is used mostly to administer medication via intramuscular injection (IM) followed by seclusion exit procedure. In September 2024, the most common reasons were administering IM medication (6) Planned care/ patient preference (2) unintentional led by patient (1) and seclusion exit (1).

Highlights

The graph shows the use of prone by month for all wards over the last year. The Trust can demonstrate a sustained reduction is use of prone restraint since 2021. However, during April 2024 this increased above the trend line with 31 uses of Prone. The reduction since May has been maintained with further reduction in September to 10 episodes of prone restraint. The 10 episodes of Prone in September involved 7 patients and were spread across 7 wards. 6 episodes were to enable administration of IM medication and 2 planned Care /Patient preference, 1 unintentional led by patient and 1 for seclusion exit. The Positive and Safety Strategy work is focusing on quality improvement projects around the use of prone for IM medication and for seclusion procedures.

Reduction in use of seclusion (number of incidents involving seclusion)



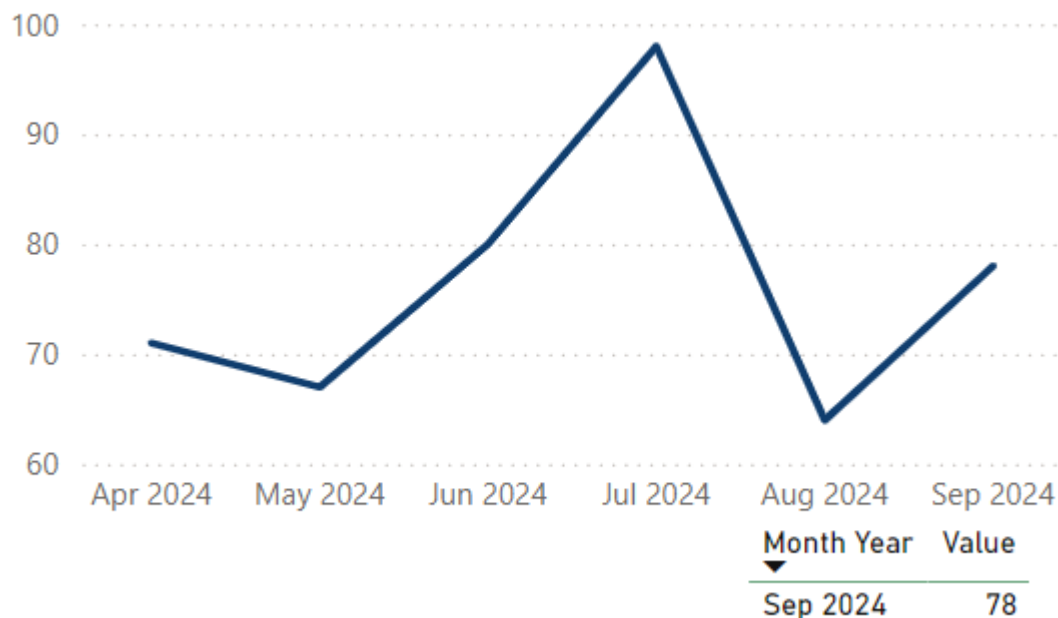
Summary

Reduction in the use of restrictive practices remains as a key priority for the trust in line with the requirements of the Mental Health Units (Use of Force) Act 2018. Seclusion is only utilised when all other options to manage the situation without the use of restriction have been considered and exhausted. In very rare situations individual patients may have bespoke care plans that include access to seclusion as a therapeutic option. The most common reason that seclusion is utilised is to support the management of violent and aggressive behaviour.

Highlights

September 2024 saw the reduction in seclusion being maintained with 28 episodes of seclusion across 9 wards, involving 20 patients. The highest use of seclusion within the month was on Sapphire (6 episodes involving 4 patients), CAMHS Meadow (6 episodes involving 3 patients) and Ashurst PICU (5 episodes involving 4 patients). The increase early in the year was largely due to one patient on Evenlode who required frequent episodes of seclusion. This has reduced in number but with longer periods of seclusion with one extended seclusion episode currently.

## Total number of complaints and resolutions



*Note: Recent changes to the Complaints procedure introduced the following terms: rapid resolution complaint (previously known as concern) and low/high level complaint. The above graph shows a combined figure of early resolution, rapid resolution complaints and low/high level complaints since the change was introduced in April 2024.*

### Summary, highlights

The Trust continues to value all complaints and concerns raised to use these as opportunities to make improvements. We monitor key themes identified within complaints, alongside information from other sources of feedback such as Patient Safety Incidents, Legal Claims, Inquests and HR investigations. Discussions to triangulate the information takes place on a weekly basis at the Trust-wide Clinical Weekly Review Meeting and monthly at the Trust-wide Quality and Clinical Governance Sub-Committee. The Trust introduced the new national complaints standards at the beginning of April 2024.

In September 2024 there were forty-five (45) rapid resolution complaints, eleven (11) low level complaints and one (1) high level complaint. The top teams with three or more complaints were GP OOH, AMHT Bucks Aylesbury Team and CAMHS Oxon Neuro. There were twenty-three (23) early resolutions in September.

During September 2024, the Trust received two-hundred and seventy-five (275) compliments across services.

### Actions :

- Early resolution: - work with teams to ensure service and team manager are contacting individuals within 72 hours to try to resolve issues at this stage.
- Rapid Resolution: - continue to engage with services to work towards completing these cases within the 15 working day deadline and responding to complainants in writing.
- Extensions process; continue to strengthen the process within Directorates with a greater oversight for clinical directors by introducing some KPIs and auditing of standards.
- Learning from complaints and sharing learning: - reintroduction of complaints panels to provide a greater overview of current situation within services, review quality and focus on learning.

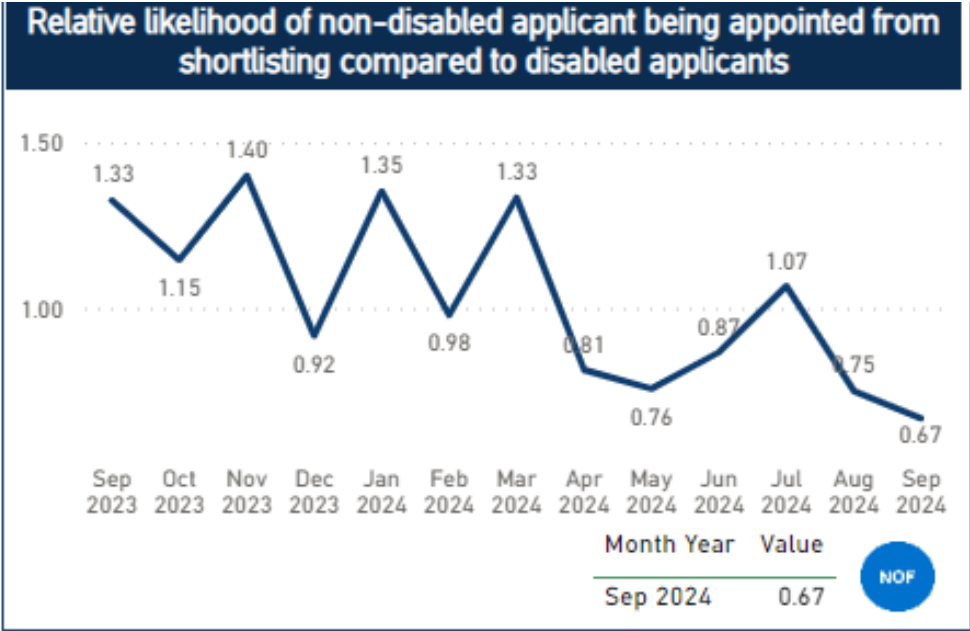
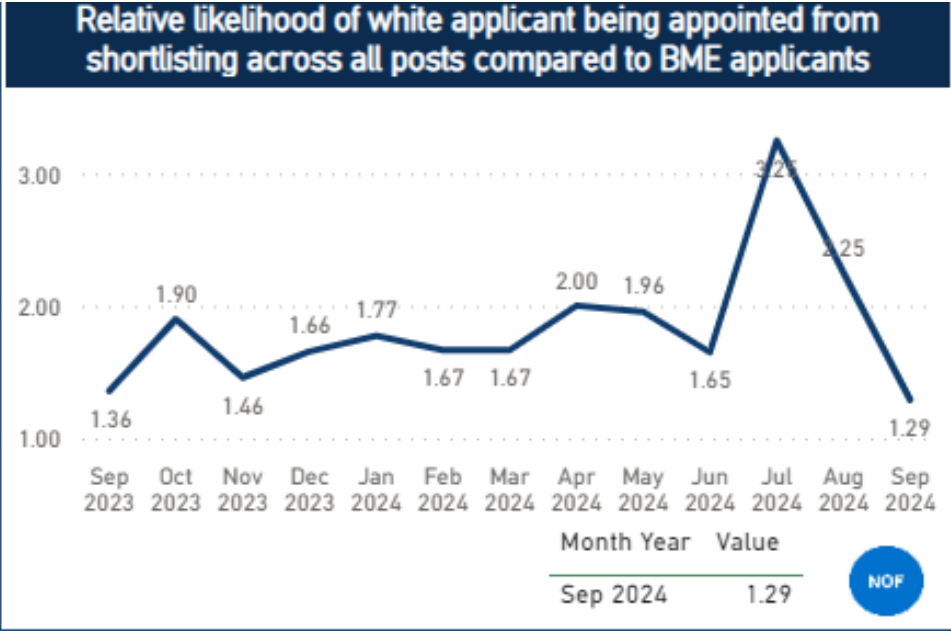
# People - Be a great place to work

# People metrics – Summary Dashboard

Type of metric	Metric	Target	Period	OHFT value	Change from previous reporting period	Better is
NOF	Proportion of staff in senior leadership roles (bands 8a - 8d, 9 and Very Senior Manager) who are women	TBC	Sep-24	77.54%	↑	↑
NOF	Reduce staff sickness to 4.5%	4.5%	Sep-24	4.97%	↑	↓
	PDR compliance	95%	Sep-24	97.06%	↓	↑
NOF	Reduction in vacancies	9%	Sep-24	12.72%	↓	↓
	% of early turnover	14%	Sep-24	14.35%	↓	↓
	Statutory and mandatory training compliance	95%	Sep-24	90.49%	↓	↑
	Clinical supervision completion rate	95%	Sep-24	76.76%	↑	↑
	Management supervision rate	95%	Sep-24	71.63%	↑	↑
NOF	Staff leaver rate	n/a	Sep-24	7.52%	↑	↓
NOF	Relative likelihood of white applicant being appointed from shortlisting across all posts compared to Black, Asian and Minority Ethnic (BME) applicants	n/a	Sep-24	1.29	↓	↓
NOF	Relative likelihood of non-disabled applicant being appointed from shortlisting compared to disabled applicants	n/a	Sep-24	0.67	↓	↓
Strategic Metric - People NOF	Reduce agency usage to meet target (% of agency used)	6.50%	Sep-24	5.89%	↓	↓
Strategic Metric - People	Reduction in % labour turnover	14%	Sep-24	12.34%	↑	↓
Strategic Metric - People	% of staff completing Quality Improvement Training Level 1	% reporting in development for FY25. Interim measure - 857 staff completed in September 2024				
Strategic Metric - People	Black, Asian and Minority Ethnic (BAME) representation across all pay bands including Board level.	19%	Sep-24	24.46%	↑	↑
Strategic Metric - People NOF	Black, Asian and Minority Ethnic (BAME) representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Management).	19%	Sep-24	12.77%	↓	↑

Caring, safe and excellent



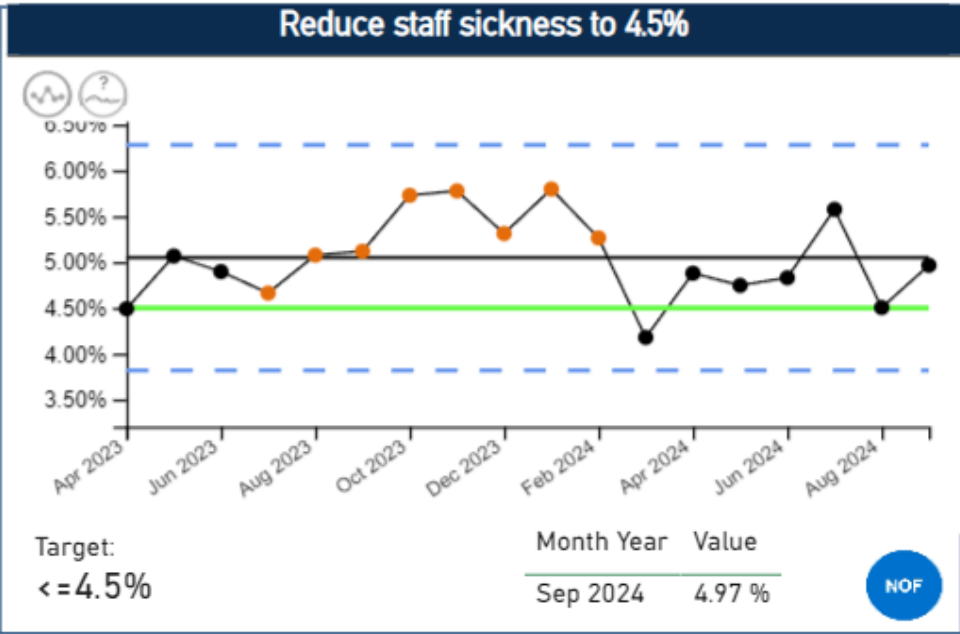


Summary

- The relative likelihood of white applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic (BAME) applicants has decreased by 0.9 from 2.25 in August 2024 to 1.29 in September 2024. The higher the ratio, the more likely White applicants are to be appointed than BAME applicants. A ratio under 1 indicates that BAME applicants are more likely to be appointed than White applicants and vice versa. A ratio of 1 indicates equal likelihood for both groups.
- The relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants has decreased by 0.08 from 0.75 in August 2024 to 0.67 in September 2024. The higher the ratio the more likely Non-Disabled applicants are to be appointed than Disabled applicants. A ratio of 1 would indicate equal likelihood for both groups.

Actions

- Race Equality:
- Proposal to recruit Inclusion Reps from all the directorates to sit on all interview panels for Band 8c and above under consideration and the training package for staff is being developed with L&D. The recruitment will start in Q3 and training in Q4. In the meanwhile, resources have been allocated to support interviews from within the EDI team.
- Disability Equality:
- The re-accreditation of the Level 2 Disability Confident submission to the DWP was completed on 13/08/24. The Trust has been re-accredited at Level 2. Work now begins on Level 3 with the aim of submitting end of Q4.



**Summary**

The sickness absence increased from 4.5% to 4.97%, slightly above target.

The proportion of long term versus short term cases remains broadly consistent with the previous month. The most common reasons for absence based on number of cases were Cough/Cold, Headache/Migraine, Gastrointestinal, Covid 19 confirmed and Anxiety/Stress non-work related.

**Actions Sickness Absence**

The Human Resources (HR) Operational teams continue to regularly review the management of individual sickness absence cases where individuals have been identified as having higher levels of absence. The HR Operational Teams also focus on the areas with the highest levels of absence and work closely with line managers to support the management of short term frequent and long-term absence.

Stress/Anxiety non-work-related sickness continues to be one of the key reasons for absence, we continue to ensure that return to work and wellbeing conversations are taking place after every absence event between line managers and employees. We also continue to signpost to the various support/assistance programmes that are available (e.g. our Employee Assistance Programme).

Training sessions have been run for managers throughout September and October to upskill them on the new processes for reporting and recording absence with the Goodshape service no longer being used from 1 November. The training includes guidance regarding the importance of conducting Return to Work Interviews and monitoring absence triggers.

Focus on upskilling managers, including manager briefings and bespoke absence management training continues. Absence management training is being delivered in larger services where there are new line managers. We are also working on virtual e-learning sessions to make accessing training modules and materials easier for managers. Work to ensure a smooth transition from Good shape to managing absence through the E-rostering system is almost complete with training sessions for managers well underway and the transition occurring on 1 November.

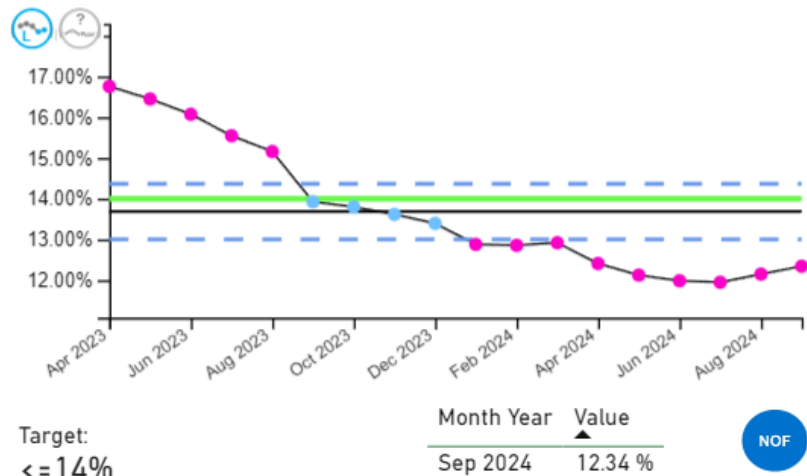
**Actions Occupational Health/ Well being**

The Occupational Health team undertook 204 management referrals, 18 self-referral, 1 ill health retirement application and 76 reviews during August. Of the 36 management referrals relating to Musculo-skeletal (MSK) causes, 16 were attributed to work-related issues and 10 were referred on for physiotherapy. From a stress perspective (both attributed to work and non-work-related causes) 39 referral appointments were completed (32 for perceived work stress), 7 were referred on for Staff Psychology Service assessment.

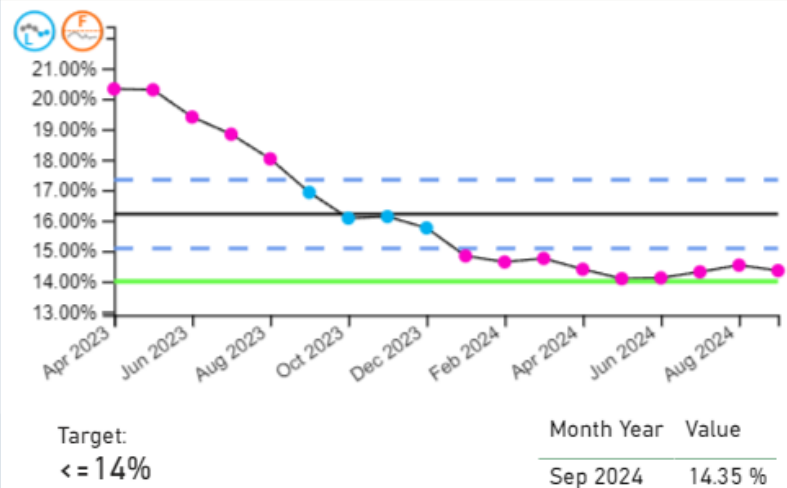
Other activities included processing 176 work health assessment questionnaires, 52 of which needed a follow-up appointment, 4 case conferences, 7 workstation specialist advice/assessment and 2 management of blood borne virus incidents. The Staff Psychology Service received 9 new referrals during September and completed 11 initial consultations plus 53 ongoing treatment sessions. Waiting times have reduced to 12 working days day on average for initial consultation.

A New Occupational Health system is being implemented between November and January, which will result in some disruption. Risk has been added to Trust risk register and mitigations are being put in place.

Reduction in % labour turnover



% of early turnover



## Summary

Staff turnover increased from 12.15% to 12.34% and remains below the 14% target. Early labour turnover has decreased from 14.53% to 14.35%

The early turnover of Black, Asian and Minority Ethnic (BAME) staff (17.1%) is considerably higher than turnover of white staff (14.2%) leaving within 12 months of start date.

High levels of turnover impact on vacancies, agency spend, quality of patient care and staff experience so the Trust has put in place several interventions to improve the staff experience, and these are ongoing.

## Actions

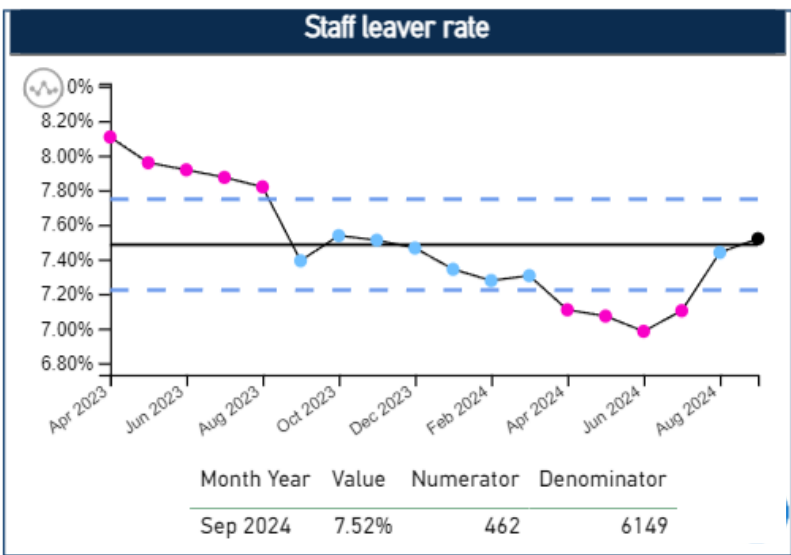
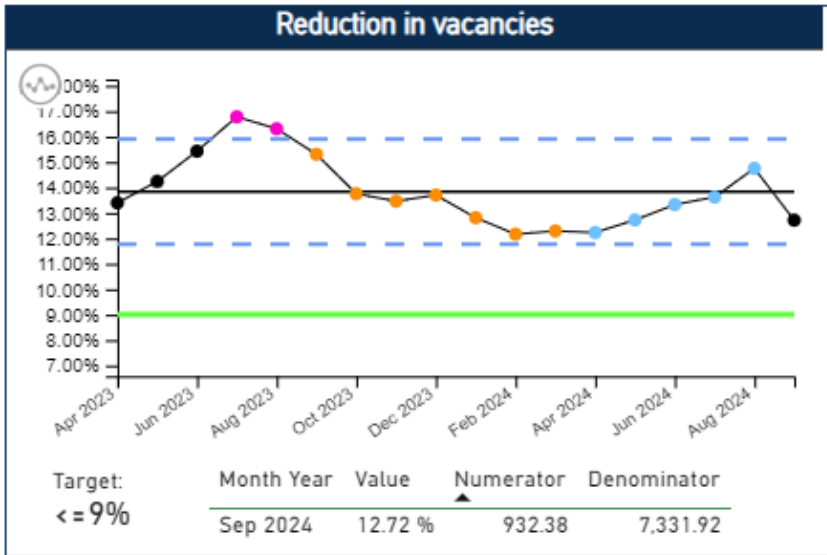
As a result of the deep dive and the hotspot areas identified the retention team have setup multiple workstreams as a direct response to reduce turnover in these areas.

The two priority areas are:

- BAME turnover – particularly band 3 males, clerical workers, health care support workers and staff nurses
- Early Turnover

Below is a summary of some of the actions and ongoing work being undertaken:

- Full review and relaunch of a new and improved local Induction to support managers through the process resulting in an improved new starter experience
- New starter experience monthly drop ins sessions setup and advertised, and comms strategy created to increase awareness of new starter experience questionnaires
- PDR improvements feedback review carried out to understand how staff feel about the quality of PDR's. This will inform future improvements (due to be presented at PSG 29th oct)
- 1:1 career coaching is on-going; the retention team receives 5+ requests every week
- OD support package for high turnover teams and a process for deploying support in design phase
- Retention Team attending one regular meeting for each directorate to update on retention work and to keep in touch with what is going on for each directorate
- Careers workshop in design phase – the aim of this will be to fill the current gaps and offer much needed support to staff, this should also replace some of the 1:1 career coaching sessions provided currently



Summary

The vacancy rate has decreased from 14.75% to 12.72%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The length of time that it is taking to hire an employee results in candidates withdrawing from recruitment process or securing roles in other organisations.

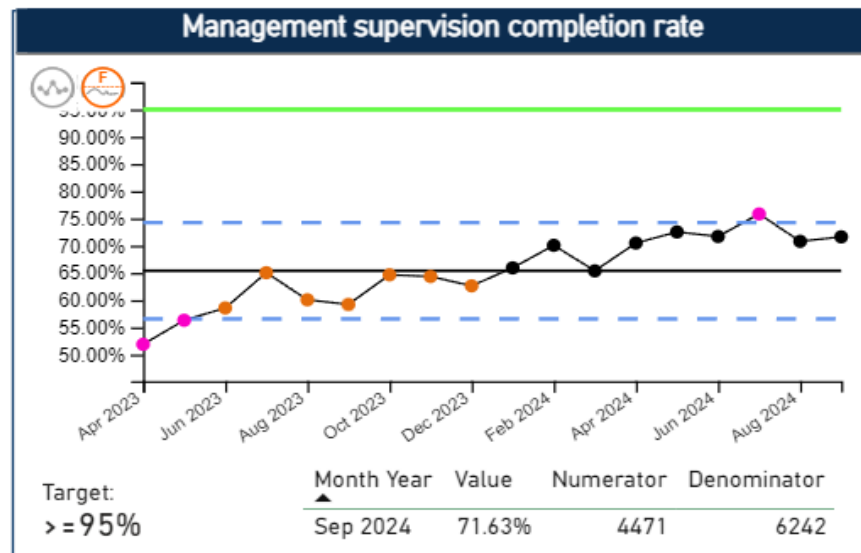
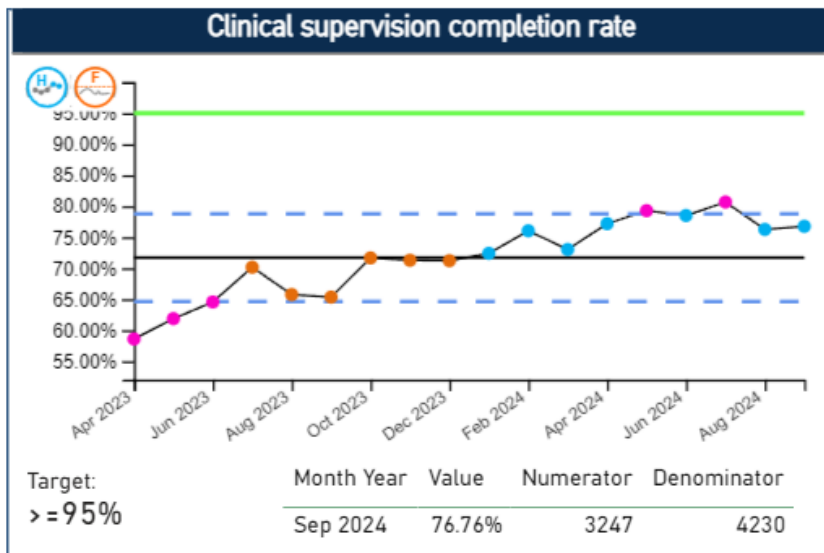
Hiring challenges remain due to low unemployment, talent market conditions, talent and skills shortages in key areas such as nursing alongside high cost-of-living and lower compensations in our geographical regions.

Actions:

Recruitment events have started again after the summer break, Saturday 28th September saw the first District Nursing event of the season, with 15 nurses attending, at this stage 8 offers have been confirmed. Recruitment Roadshows are booked for throughout November, these will be held in Oxford, Aylesbury, Banbury and Swindon. The team held their first assessment centre event for Forensic Healthcare Assistant (HCA) recruitment with 29 HCAs in attendance and 14 candidates offered, appointing to all current Forensic HCA vacancies on the day. The calendar for the rest of the year also includes numerous University events, the first at Buckinghamshire New University was last week, and a number of local external recruitment events. The Swindon Roadshow is also scheduled for November.

Priorities:

- A re-organisation of the Resourcing team has now been completed, the proposed new structure will be in place by the end of 2024 and will move the Trust towards a Talent Acquisition model.
- New technology developments required to allow this structure to be successful will include on-line ID checking platform meaning most candidates will no longer need to attend Littlemore to conduct an identity/right to work check and a TRAC upgrade allowing forms to be complete and signed online (on any device). This is currently paused while we undertake a wider assessment of HR system change to allow for work to be planned and for this to be budgeted.



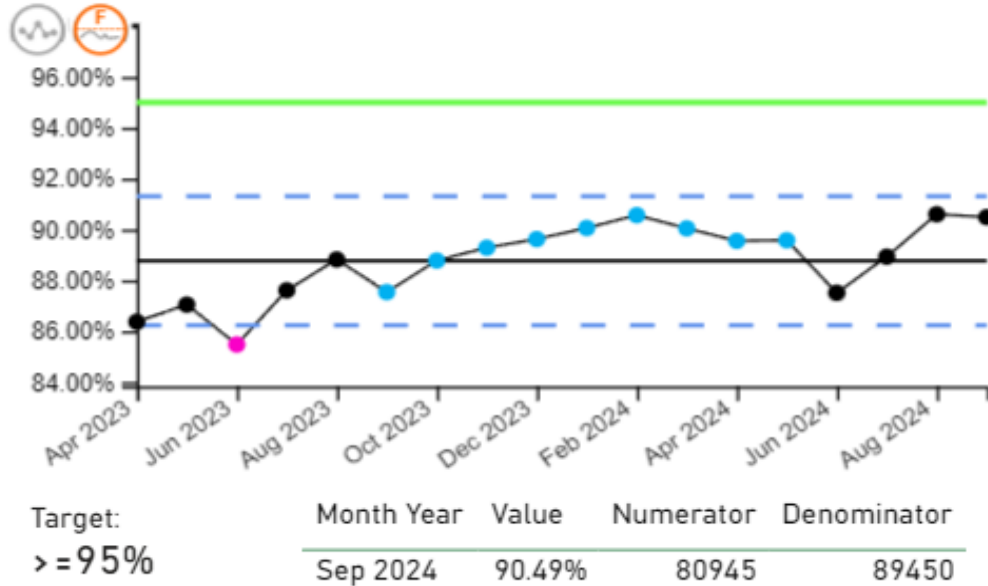
## Summary

Good quality and regular management and clinical supervision is essential for ensuring that we provide high quality patient care and that we support staff in relation to their professional development and wellbeing. This Clinical supervision has increased from 76.3% to 76.8%. Management supervision rate has also increased from 70.8% to 71.6%.

## Action

- The Supervision steering group has now stopped, and oversight of supervision has been moved to the Education Strategy group – updates from the initial stages of the Quality Improvement (QI) project to be presented for discussion/decision in next meeting on October 22nd.
- The Head of Learning and Development and the Deputy Chief Nurse have started a QI project with current actions being completed:
  - review of other Trust supervision policy to determine best practice/approach to take.
  - review of other Trust compliance rates to determine if Oxford Health are in line with what other Trusts consider to be achievable compliance rates.
  - review staff survey questions relating to supervision to ensure that all changes are in line with these.

## Statutory and mandatory training compliance



### Summary

Although monthly variation can be noted, the overall position for Statutory and Mandatory training continues to improve and all the directorates in the Trust are circa 90% completion which demonstrates the continued commitment to supporting staff to complete this. There is currently focused work within the trust to improve the compliance for the Corporate Directorate as well as ensure our medical staff have access to the right training and that passporting of training from other organisations is smooth.

Work continues to correct anomalies in job roles to ensure accurate training is allocated to each staff member as this remains an issue. There is focused work on those pieces of training that are below 90% which includes Conflict resolution training, Fire safety training, Infection, Prevention and control training, Resus and the L1 Oliver McGowan training on autism and learning disability as well as work within the trust to improve the compliance for the Corporate Directorate.

The Head of Learning and Development is engaged with the National NHS England (NHSE) project to align all Statutory & Mandatory (S&M) training for easy passporting. Trust has submitted mapping against Core Skills Training Framework (CSTF) for approval through NHSE programme and has been identified as Trust of progressive practice in their approach to Statutory and Mandatory training.

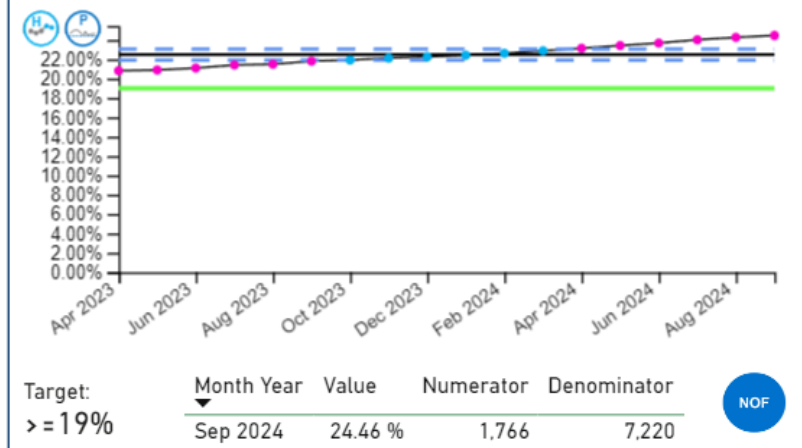
### Actions

Assurances for training modules below 90%:

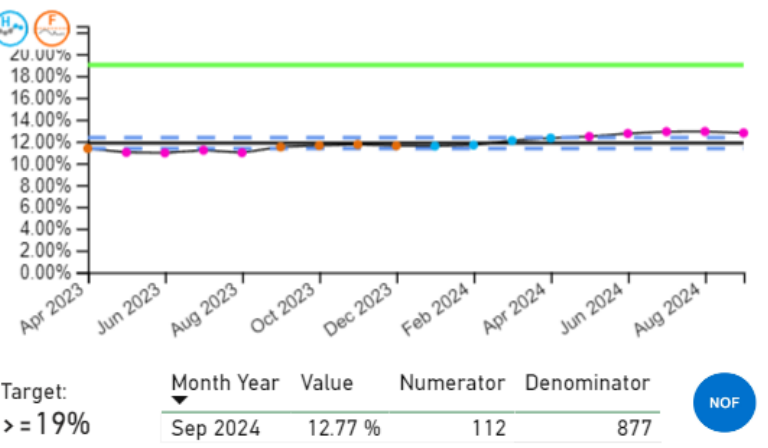
- Conflict Resolution – PEACE team continue to offer regular Virtual and face-to-face sessions to enable staff to complete recertification of training that was recently corrected. There is continued improvement in overall compliance – it is currently 88.83%, current trajectory suggests compliance will be above 90% by end of November.
- Fire safety (now including fire awareness and fire response) - Additional training sessions supporting improvement in compliance – current compliance 89.24%.
- Infection Prevention and Control – Non-clinical staff continue to be reminded to complete recertification of IPC training that had affected overall compliance. Compliance steadily improving – current compliance 88.93%
- Resus – Deep dive complete. Scheduling of additional training to address the backlog of outstanding staff caused by high non-attendance rates underway. Additional resourcing under review. Level 1 Oliver McGowan – newly introduced training this financial year – compliance rates steadily improving – current compliance 88.69%. L&D are hosting delivery of pilot training planned by BOB ICB during November and December 2024. Trust has been awarded prioritised places for this provision.



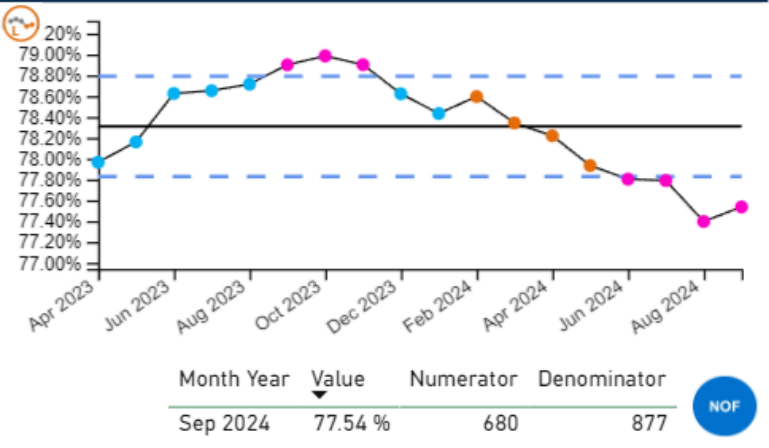
% of BAME (black, Asian and minority ethnic) representation across all pay bands including board level



% of BAME (black, Asian and minority ethnic) representation in senior leadership roles (8a -8d, B9 & Very Senior Manager)



Proportion of staff in senior leadership roles (bands 8a -8d, 9 and Very Senior Manager) who are women



## Summary

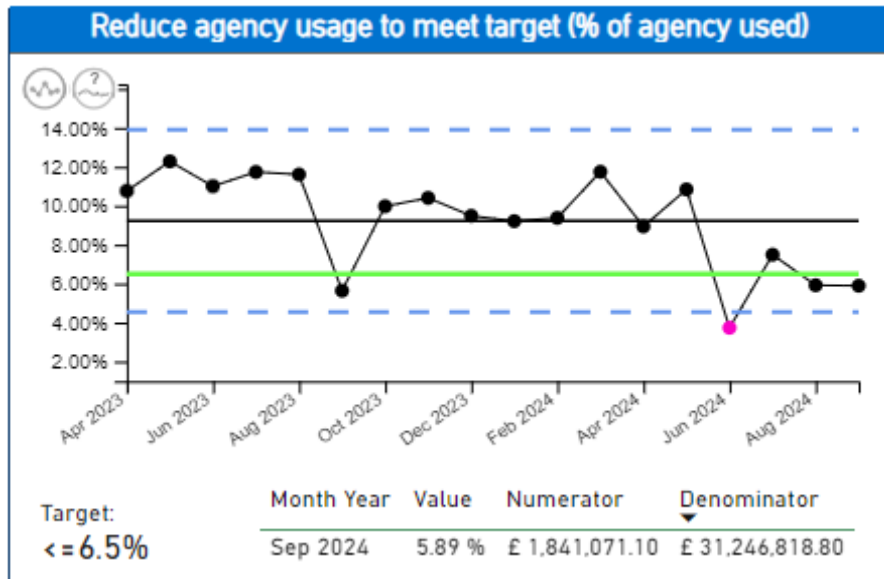
- There has been an increase of +0.2% in the representation of Black, Asian and Minority Ethnic (BAME) staff across all pay bands in September 2024 reporting period.
- There has been a decrease of -0.13% in the representation of Black, Asian and Minority Ethnic (BAME) staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager ) in September 2024 reporting period.
- There has been an increase of 0.14% in the representation of Female staff in senior leadership roles (bands 8A-8D, B9 and Very Senior Manager ) in September 2024 reporting period.

## Actions

All three above metrics will be worked on under High Impact Action 2 to secure diverse and fair representation of staff in the workforce in line with inclusive recruitment and talent management principles. We will also draw on the analysis of the NHS Workforce Race Equality Standard (WRES) 2024 data and the Gender Pay Gap Report 2024 to understand how we improve representation for race and gender as this cannot be examined separately to the equality agenda.

*High Impact Action 2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity*

- Update:
- Proposal to recruit Inclusion Reps from all the directorates to sit on all interview panels for Band 8c and above under consideration.
  - Work underway within the Human Resources and Learning & Development functions to define talent and succession planning more clearly to understand what interventions are a priority.
  - Ongoing discussions with BOB ICB and partners about sharing best practice and learning to support progress in this area.



## Summary

Overall, total agency spend in September 24 was £1,841K (5.9% of total pay bill) or 13.9% below September Agency budget of £2,138k.

Agency Spend as a % of Temporary Staffing was 38.7% (£1,841K) and Bank was 61.3% (£2,911k).

## Fill rates :

**NHSP shifts only (excl Medical & Dental):** In September, 70.8% of our temporary staffing shifts (based on hours) were filled by bank workers; 26.8% were filled by agency workers and 2.4% were unfilled

**Medical & Dental (ID Medical, Allocate and Patchwork):** In September, 42.2% of our temporary staffing shifts (based on hours) were filled by bank workers; 48.3% were filled by Agency workers and 9.5% were unfilled

## Highlights, updates, actions

### NHS Professionals (Agenda for Change):

NHS Professionals (NHSP) have implemented a new training platform during September / October, which unfortunately took longer than anticipated to be rolled out, resulting in workers being unable to complete training for both existing roles and on boarding. NHSP put extensions in place and communicated with Bank Members to keep them informed.

A meeting has now been arranged for 7<sup>th</sup> November between Trust's Learning & Development team and NHSP Governance team, the first of monthly meetings to align training requirements thereby reducing issues arising from differing compliance matrices.

NHSP needed to delay payments for the agreed Pay increases, due to some Trusts not deciding until late October on what, if any, payment they were willing to agree to pay from the award date of 1<sup>st</sup> April. This has now been finalised and, all workers will be paid the new rates from Monday 4<sup>th</sup> November 2024. Bespoke communication has gone out to all Bank Members advising them on Trust decisions. Oxford Health will be back dating the award to 1<sup>st</sup> April. Back dated payments will be made on Friday 29<sup>th</sup> November 6<sup>th</sup> & 13<sup>th</sup> December, for all shifts released for payment by Sunday 17<sup>th</sup> November. Invoices to Trusts will be raised Friday 24<sup>th</sup> January 2025.

### ID Medical (AfC):

There are currently 100 lines of work in place across the Trust which has reduced by 150 from 250 since 1 January 2024. The number of lines of work at price cap are 56, phase 1 has reduced from 40 to 38 and phase 2 have reduced from 4 to 3. The temporary staffing team are continuing to support teams in migrating agency workers to the bank and substantive roles, to date 30 agency workers have migrated to the bank, 24 agency workers and 47 bank members have joined the Trust on a substantive basis. There are 12 agency and 11 NHSP workers who are currently being onboarded to substantive roles with the Trust. In September retrospective shifts accounted for 6.43% of shifts filled compared to 15.19% in September last year, the monthly target is 3%. The top 5 users of retrospective shifts in September have been identified and the temporary staffing team are working with these teams to understand the reasons for this use which will inform the development of their action plans.

### ID Medical (Medical):

The Mental Health directorate continues to be the main area of focus for rate reductions through ID Medical. Further meetings are being undertaken with Clinical Directors, to target high-cost Locums for replacement.

The work to move Non-DE to DE has had some success, however not all Locums have agreed to move so whilst rate reductions have been achieved these are not reflective of the savings we need to report and therefore replacements will be sourced to on-board a more cost-effective DE Locum or replace with a substantive worker.

Further rate reductions of Emergency Practitioners in the GP Out of Hours service has stalled due to availability and rates being paid elsewhere. This will be raised with SETS Collaborative to see what can be done to address rates collectively.



# Section 3

## Strategic dashboard

# Strategic objectives



**Oxford Health**  
NHS Foundation Trust

Strategic objectives guide the priority setting and decision-making. Each objective has a set goal and overarching ambitions, which are then linked to specific measures and targets. Full Strategic Dashboard will be first reported to the Trust Board in November 2024; in-year strategic metrics, where possible, are reported monthly.

Quality	People	Sustainability	Research
Deliver the best possible care and health outcomes	Be a great place to work	Make the best use of our resources and protect the environment	Be a leader in healthcare research and education
<p>To maintain and continually improve the quality of our mental health and community services to provide the best possible care and health outcomes.</p> <p>To promote healthier lifestyles, identify and intervene in ill-health earlier, address health inequalities, and support people's independence, and to collaborate with partner services in this work.</p>	<p>To maintain, support and develop a high-quality workforce and compassionate culture where the health, safety and wellbeing of our workforce is paramount. To actively promote and enhance our culture of equality, diversity, teamwork and empowerment to provide the best possible staff experience and working environment</p>	<p>To make the best use of our resources and data to maximise efficiency and financial stability and inform decision-making, focusing these on the health needs of the populations we serve, and reduce our environmental impact</p>	<p>To be a recognised leader in healthcare research and education by developing a strong research culture across all services and increase opportunities for staff to become involved in research, skills and professional qualifications</p>
<ul style="list-style-type: none"><li>• Care is planned and delivered around the needs of patients</li><li>• Patients are receiving effective care</li><li>• We provide timely access to care and when waits occur, we will effectively monitor patients and minimise harm</li><li>• We are addressing health inequalities</li><li>• We consistently provide safe care, which a reduction in avoidable in-services harm</li><li>• We have a safe and learning culture</li></ul>	<ul style="list-style-type: none"><li>• We have a sustainable workforce</li><li>• We have an engaged, well led workforce</li><li>• We have a skilled, learning workforce</li><li>• We foster a just work environment</li></ul>	<ul style="list-style-type: none"><li>• We are spending and investing as efficiently as possible and sustaining our financial position over the medium term</li><li>• We are on track for Net Zero Carbon emissions by 2045 as defined within the NHS Carbon Footprint plus</li><li>• Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management</li><li>• We will have moved toward a modern, efficient estate that enables access and wellbeing for staff and patients</li></ul>	<ul style="list-style-type: none"><li>• We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation</li><li>• We will build our capacity to translate our research into services</li></ul>

Caring, safe and excellent

# Strategic Dashboard – Mid-year review - Quality

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
Quality	Care is planned and delivered around the needs of the patient	% of patients responding that overall the care was good or very good - mental health	> =85%	88.68%
		% of patients responding that overall the care was good or very good - Primary, Community and Dental	> =85%	92.35%
		% of patients report being involved in their care - mental health	> =80%	86.42%
		% of patients report being involved in their care - Primary, community and dental	> =85%	91.90%
	Patients are receiving effective care	% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice	Baselining	For FY25 subject to phased operational implementation
		% of children and young people accessing mental health services, having their outcomes measure recorded at least twice	Baselining	For FY25 subject to phased operational implementation
		% of women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice	Baselining	For FY25 subject to phased operational implementation
		% of Oxfordshire Stroke Rehabilitation Unit (OSRU) patients reporting improved functioning	tbc	For FY25 subject to phased operational implementation
	We provide timely access to care and when waits occur we will effectively monitor patients and minimise harm	% of children and young people, carers/families receiving meaningful contact within 4 weeks from request for mental health service – Interim metric (measures one meaningful contact* within a care episode within the four (4) week period)	61% National average	60.87%
		Average response time for out of hours palliative care referrals: the waiting time from receipt of the call from 111 to the start of the telephone consultation (<=30mins)	Baselining	92.67%
		Average response time for out of hours palliative care referrals: the time from completion of that triage call to the start of the home visit consultation (<=60mins)	Baselining	50.72%
	We are addressing health inequalities	% of breastfeeding prevalence at 6-8 weeks	60%	59.70%
		Rate per 100,000 population of detentions on admissions to hospital of black or black British patients	tbc	Reporting in development for FY25
	We consistently provide safe care, with a reduction in avoidable in-service harm	National Early Warning Score (NEWS) [national tool for detecting clinical deterioration], completed correctly where applicable – Community	> =90%	87%
		Outcome of National Early Warning Score (NEWS) [national tool for detecting clinical deterioration] escalated appropriately – Community	> =90%	71%
		Reduction in use of prone restraint	<188 per year	90
		Reduction in the use of seclusion	<575 per year	198
		% of patients with 'My Safety Plan' completed, where suicide is identified as risk on Risk Assessment Form	Baselining	For FY25 subject to phased operational implementation
	We have a safe and learning culture	Response to staff survey question-I would feel secure raising concerns about unsafe clinical practice	79% (2023 OHFT score)	79% in 2023 (annual metric)

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# Strategic Dashboard – Mid-year review - People

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
People	We have a sustainable workforce	Reduce agency usage to meet target	< =6.5%	7.17%
		Reduction in % labour turnover	< = 14%	12.16%
		Develop approach to workforce planning (Process Measure)	Narrative	The approach to workforce planning will be informed by the outcome of the review into temporary staffing and will be addressed in Q3.
	We have an engaged, well led workforce	Staff survey staff engagement score	> =7.19	7.19 in 2023 (annual metric)
		Confirm Trust's approach to leadership development (Process Measure)	Narrative	Work is underway to design a leadership and management pathway for managers and leaders, linked to the NHS 'our leadership way'.
	We have a skilled, learning workforce	% of staff completing Quality Improvement Training Level 1	95%	857 staff completed (interim metric until % reporting enabled)
	We foster a just work environment	Black, Asian and Minority Ethnic representation across all bands including Board level	> =19%	23.83%
		Black, Asian and Minority Ethnic representation in senior leadership roles (Bands 8a-8d, Band 9, Very Senior Manager)	> =19%	12.67%
		Develop our approach to mitigating the intersectional impacts of disadvantage, discrimination & bias (Process Measure)	Narrative	Work is underway across the Trust, including via the Equality, Diversity and Inclusion (EDI) programme. There are also areas of specific work e.g. a programme to support international nurses in their experiences.

# Strategic Dashboard – Mid-year review - Sustainability

Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
Sustainability	We are spending and investing as efficiently as possible and sustaining our financial position over the medium term	Set and meet plans to deliver a balanced or surplus budget each year in revenue	Within Budget	The FY25 revenue plan is a deficit of £2.7m. This will improve by £2.6m to a small deficit of £0.1m with non-recurrent deficit funding received from NHS England. The Trust is forecasting to be on plan. Work on the medium-term financial plan has been shared with Finance & Investment Committee on the options to enable to Trust to set a breakeven plan for FY26. This will also be dependent on the ICS financial position and the contract value agreed with BOB ICB
		Set and meet plans to deliver a balanced or surplus budget each year in capital	Within Budget	The capital plan is for £11.9m of spend in FY25 which agrees to the Trust's capital allocation. Capital is forecasting an overspend of £2.5m before any potential PFI exit payments. To address this, the Digital team are seeking additional funding, and the Estates team are stopping or slowing down projects to bring the spend back into balance.
		Achieve National Cost Collection of 100 or below	<=100	83 for FY22/23 (annual metric)
	We are on track for net zero carbon emissions by 2045 as defined with the NHS Carbon Footprint plus	By 2026, achieve 29% reduction in direct carbon emissions compared to 2019 baseline.	22%	18.44% for FY23/24 (annual metric)
		Confirm the baseline for supply chain carbon emissions and update the Trust Green Plan to show how carbon reductions will be delivered.	Baseline/ Narrative	The Trust Green Plan update is underway via the production of Green Plan ii which will be signed off by the end of the FY. This includes calculation of 'scope 3' (supply chain + other) emissions, guidance for which has recently been published by NHS England.
	Our digital systems work for us, providing and asking for the right information to enable clinical care and population health management	Achieve an average score of 4 out of 5 in sections "ensuring smart foundations" within the Digital Maturity Assessment	>=4	2.8 in FY23-24 (annual metric)
		Achieve an average score of 4 out of 5 in section "improved care" within the Digital Maturity Assessment	>=4	2.2 in FY23-24 (annual metric)
	We will have moved towards a modern, efficient estate that enables access and wellbeing for staff and patients	Develop a strategy for our estates (Process Measure)	Narrative	Options for how to write the Estates Strategy are under consideration, with an aim to start in year if possible.

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# Strategic Dashboard – Mid-year review - Sustainability





Strategic Objective	Strategic ambition	Metric	Target 24-25	Cumulative Apr-Sept 2024 performance (6-month position)
Research	We will sustain our leadership in research, strengthen our academic partnerships and embed research capability in the organisation	Participants recruited to Clinical Research Network (CRN) portfolio studies by directorate	Narrative	3170 participants were recruited in FY 23/24. An example is the PPIP2 study, to which 52 patients were recruited and received a blood test to identify antibodies. The methodology for this test is highly accurate using live cell-based assays which is currently unavailable on the NHS. The alternative NHS test, using fixed assays, is available at a significant costs and shown to be less accurate. The recruitment to the PPIP2 study represents savings to the NHS and a speedy diagnostic route for our patients, thus potentially avoiding lengthy admissions.
		Number of active or aspirational principal investigators by directorate	Narrative	There are 87 principal investigators in the Trust across 7 professional groups. A new form will shortly be released to capture the interest of aspirational PIs. A previous version of this form enabled the first member of the nursing profession to become a PI, leading a successful study.
	We will build our capacity to translate our research into services	Number of dual academic/clinical role	Narrative	On average there are 70.2 whole time equivalents funded to work on research. Within the scope of this report the salient points to highlight are a significant percentage of these posts are in the Oxford area representing research "hotbeds", such as the Oxford Early Intervention Service. Projects are in the planning stage to grow the number of dual roles outside of Oxford to ensure equality of access for our staff and patients, with an emphasis of building in research capacity at the job evaluation stage
		Develop infrastructure to translate research into services and demonstrate impact (Process Measure)	Narrative	<p>Oxford Health is collaborating with Neu Health to be the first Mental Health Trust using and reporting on acceptability and feasibility of the platform in patients with dementia and mild cognitive impairment. Neu Health are a spin out company from the BRC and this marks a significant milestone in a longstanding relationship and progression of translational research.</p> <p>A new pathway for dementia patients has been launched and will be hosted by the Oxford Health Cognitive Clinical Research Facility (CRF) in collaboration with Lilly, an international medical research and development company, and Oxford University Hospitals (OUH). This presents unique opportunities to offer lumbar punctures to patients, new diagnostic pathways, early diagnosis, identification of biomarkers and importantly an avenue for prescribing disease modifying drugs. This will be a clinic at the front line of translational research.</p>

# Appendices





# ICB BOB performance

Extract from BOB ICB Integrated Performance Report presented to BOB ICB Board in November 2024 ([20241119-bob-icb-board-item-11-performance-and-quality-report.pdf](#)) ; please note that Children and Young People and Out of Area Placement metrics reported below are impacted by Carenotes outage and data flows to the Mental Health Services Data Set hence may not be reflecting an accurate position.

## Children and Young People Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Children and Young People with an Eating Disorder Urgent cases that wait 1 week or less from referral	Mar 24	95.0%	71.0%		
	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	Feb 23	26,531	17,195		


## Dementia and Out of Area Placement (OAP) Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days (internal or external) - Commissioner	Aug 24	0	10		
	Estimated Diagnosis rate for people with dementia	May 24	66.7%	62.0%		

## Talking Therapies Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	Talking Therapies: Treated within 6 weeks	Aug 24	75.0%	95.3%		
	Talking Therapies: Treated within 18 weeks	Aug 24	95.0%	100.0%		
	Talking Therapies: Moving to reliable recovery (national)	Aug 24	50.0%	51.4%		
	Talking Therapies access (total numbers accessing services)	Apr 24	3,914	5,630		

## Severe Mental Illness Metrics

Category	Metric	Period	Target	Value	Variance	Assurance
Mental Health	People with severe mental illness receiving a full annual physical health check and follow up interventions	Mar 24	60.0%	67.8%		



# Glossary of metrics (in continuous development)

Area	Metric/theme	Definition	Why is it important?
Child and Adolescent Mental Health Services	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Long term plan measure to monitor expansion of mental health services to ensure additional capacity for children and young people to receive mental health services	Additional capacity to meet growing demand with the aim of addressing mental health needs early and potentially reducing long-term impact on the individual, improving overall health outcomes
	Four (4) week wait (interim metric - one meaningful contact within episode)	Interim proxy measure measuring the time from referral to first meaningful contact. Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.	To monitor number of children and young people waiting for support from mental health services as longer waiting times may lead to development of more intractable problems and worse patient outcomes.
	% referred cases with suspected Eating Disorder that start treatment within 7 days or 4 weeks	Proportion of routine and urgent referrals starting treatment within 7 days for urgent cases and within 4 weeks for routine cases.	To monitor number of children and young people who have accessed or are waiting for treatment following a routine or urgent referral for suspected eating disorder. Offering evidence based, high quality care and support as soon as possible can improve recovery rates, lead to fewer relapses and reduce the need for inpatient admissions.
Talking Therapies	Increase the number of adults and older adults accessing Talking Therapies treatment	Long term plan measure monitoring expansion and accessibility of Talking Therapies services	To ensure those suffering from depression and anxiety can access effective psychological therapies as first choice interventions and those who are seen by Talking Therapies services receive a course of NICE recommended psychological therapy from an appropriately trained and supervised individual and have their clinical outcomes monitored and reported,
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000		
	Reliable recovery rate	The proportion of patients who start treatment with a score for anxiety and depression which meets the threshold for a clinical case, whose score at the end of treatment has reduced to below the clinical threshold.	The Talking Therapies Recovery Rate measures the effectiveness of Talking Therapy services and can also be used to identify different outcomes of the service for different patient groups – thereby providing useful intelligence to help reduce health inequalities.
	Reliable improvement rate for those completed a course of treatment adult and older adults combined;	A referral has shown reliable improvement if there is a significant improvement in their condition following a course of treatment, measure by the difference between their first and last scores on questionnaires tailored to their specific condition.	The Talking Therapies Recovery Rate measures the effectiveness of Talking Therapy services and can also be used to identify different outcomes of the service for different patient groups – thereby providing useful intelligence to help reduce health inequalities.
	% of people receiving first treatment appointment within 6-18 weeks of referral	One of the stated targets of the NHS Talking Therapies for anxiety and depression programme is that for referrals finishing a course of treatment in the month, 75% access services within 6 weeks, and 95% within 18 weeks. These are based on the waiting time between the referral date and the first attended treatment appointment.	Monitoring of Talking Therapies waiting times ensures that patients receive timely access to treatment (early intervention can prevent conditions from worsening and improve outcomes), helps to identify disparities and potential delays or capacity issues in the system.
	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments)		
	Meet and maintain at least 50% Talking Therapies recovery rate with improvement to 52% by end of Financial Year 24-25	Recovery in NHS Talking Therapies is measured in terms of ‘caseness’ – a term which means a referral has severe enough symptoms of anxiety or depression to be regarded as a clinical case. A referral has moved to recovery if they were defined as a clinical case at the start of their treatment (‘at caseness’) and not as a clinical case at the end of their treatment, measured by scores from questionnaires tailored to their specific condition. The Government target is that 50% of eligible referrals to NHS Talking Therapies services should move to recovery.	The Talking Therapies Recovery Rate measures the effectiveness of Talking Therapy services and can also be used to identify different outcomes of the service for different patient groups – thereby providing useful intelligence to help reduce health inequalities.

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# Glossary of metrics (in continuous development)

Area	Metric/theme	Definition	Why is it important?
Adult and Older Adult Community mental health services	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Long term plan measure to monitor expansion of mental health services to ensure sufficient capacity for adults and older adults to receive mental health services	Additional capacity to meet growing demand with the aim of addressing mental health needs early and potentially reducing long-term impact on the individual, improving overall health outcomes
	4 week wait (28 days) standard (interim metric - two contacts within episode)	Interim proxy measure measuring two meaningful contacts within a care episode within the four (4) week period. Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.	To monitor number of adult and older adults waiting for support from mental health services as longer waiting times may lead to development of more intractable problems and worse patient outcomes.
	Deliver annual physical health checks to people with Severe Mental Illness (System Measure)	Number of people on the General Practice Severe Mental Illness register at the end of each quarter and how many of these have received a comprehensive physical health check in the 12 months to the end of the reporting period. This is an ICB metric combining data from GP practices and other providers of primary care services.	Annual physical health checks are a key level to address the reduced life expectancy both people with Severe Mental Health Illnesses.
	Improve access to perinatal mental health services	Long term plan measure monitoring expansion and accessibility of Perinatal Mental Health services	To monitor support available for women with moderate to severe or complex mental health needs support (including on how to develop the relationship between parent and baby)
	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	The Access and Waiting Time Standard for Early Intervention services requires that at least 50 per cent of people experiencing a first episode of psychosis will be seen by an early intervention team, allocated a care coordinator and have started treatment with a NICE approved package of care, within two weeks of referral. The standard is aimed at people aged 14-65.	Monitoring is important in ensuring that care is robust and early intervention services work alongside primary care services to support recovery
	Number of people accessing IPS (Individual placement and support)	IPS is an evidence-based model of supported employment. Part of the Long Term Plan for mental health improvement.	Monitoring the number of people accessing IPS supports tackling unequal outcomes and access challenges, improved population health and helps the NHS to support broader social and economic development.
	Recover dementia diagnosis rate (System measure)	Two thirds of the estimated number of people with dementia should have a diagnosis.	Monitoring dementia diagnosis rate supports Systems and provider making informed choice about how to plan services around patient needs.
Mental health urgent care services	Face to face response time from Mental Health Urgent care services	Measures face to face response time from Psychiatric liaison service (1 hour) and Crisis services (4 and 24 hours)	Monitoring response times in a Mental Health Crisis circumstances helps to prevent escalation of situations that may threaten the life, long-term health or safety of an individual or others.

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust  
Board of Directors**

**27<sup>th</sup> November 2024**

(Agenda item: 15(b))

**Quality and Safety Dashboard  
For Information**

**Executive Summary**

The information in the Quality and Safety Dashboard is up to 30<sup>th</sup> September 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support. The key issues and risks raised by clinical directorate have also been included in this months report.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in September 2024 and a review of any trends from the last 3 months (July-September 2024).

See the accompanying excel sheet for the full detailed dashboard for the inpatient wards. For the community teams a range of indicators are also reviewed with any teams identified by exception. The inpatient quality dashboard has been automated in TOBI and went live in October 2024. A similar community team dashboard is in development.

The following wards/community teams have been highlighted, split into 2 groups; Enhanced Support and Early Warning. The teams highlighted in **BLUE** were identified in last month's Dashboard.

The report includes further details with the mitigations and actions being taken.

Highlighted wards/teams by exception:

	<b>Enhanced Support</b> (previously known as alert status)	<b>Early Warning</b> (previously known as to keep a watching eye)	
Inpatient Wards	<ul style="list-style-type: none"> <li>• Kestrel</li> <li>• Kingfisher</li> <li>• Cotswold House Oxford (was in early warning)</li> <li>• Meadow Unit CAMHS (was in early warning)</li> </ul> <p>(see table 5 for detail)</p>	<ul style="list-style-type: none"> <li>• Allen</li> <li>• CAMHS Highfield</li> <li>• CAMHS Marlborough House</li> <li>• Cherwell</li> <li>• Sandford</li> <li>• Ruby</li> <li>• Sapphire</li> <li>• Amber</li> <li>• Bicester community hospital ward</li> </ul>	<ul style="list-style-type: none"> <li>• Abbey community hospital ward</li> <li>• Didcot community hospital ward</li> <li>• Watling</li> <li>• Glyme</li> <li>• Wenric</li> <li>• Evenlode</li> </ul> <p>(details in section 7)</p>
Community Teams	<ul style="list-style-type: none"> <li>• Oxon North and West AMHT</li> <li>• District Nursing</li> </ul> <p>(see table 6 for detail)</p>	<ul style="list-style-type: none"> <li>• Oxon South AMHT</li> <li>• Oxon City and NE AMHT</li> <li>• Bucks Memory Clinic service</li> <li>• Bucks OA South CMHT</li> <li>• Bucks Aylesbury CMHT</li> <li>• Bucks Chiltern AMHT, East and West</li> </ul>	<ul style="list-style-type: none"> <li>• Podiatry</li> <li>• Children's Integrated Therapies: SLT</li> <li>• Heart failure service</li> <li>• Special Care and Paediatric Dentistry</li> </ul> <p>(details in section 8)</p>

In addition, to the teams/wards highlighted above there are a number of areas with a significant number of vacancies (30% and above), although for the majority the quality indicators reviewed are not showing any concerns. The teams with high vacancies are detailed in the Dashboard. The Trust is actively working on recruitment and retention initiatives.

#### **Governance Route/Approval Process**

The Dashboard is a regular paper, developed with input from the Clinical Directorates. It is presented monthly to the Quality and Clinical Governance Group and Quarterly to the Quality Committee.

#### **Statutory or Regulatory responsibilities**

We are required to report on the inpatient staff fill rates to Trust Board members which has been delegated to the Quality Committee, see accompanying excel sheet for detail at ward level.

#### **Recommendation**

The Board is asked to note the report and the actions being taken to support the teams highlighted.

<b>Author and title:</b>	Jane Kershaw, Head of Patient Safety
<b>Lead Executive Director:</b>	Brita Klinck, Chief Nurse

## 1. Introduction

The information in the Quality and Safety Dashboard is up to 30<sup>th</sup> September 2024. The purpose of the dashboard is to bring together data and soft intelligence to help identify wards/teams that might be struggling and need more support.

From reviewing a range of activity, quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on the position in September 2024 and a review of any trends from the last 3 months (July-September 2024).

See the accompanying excel sheet for the full detailed dashboard for the inpatient wards. For the community teams a range of indicators are also reviewed with any teams identified by exception. The inpatient quality dashboard has been automated in TOBI and went live in October 2024. A similar community team dashboard is in development.

Table 1: The thresholds and expected response are detailed below, these are used as a guide.

Escalation level	When is a Team/ward Identified (Escalation Threshold)	Response
Early Warning	<ul style="list-style-type: none"><li>1 indicator is red rated, and 1 indicator is amber rated across at least 2 of the 4 domains. This is a guide, and a clinical Directorate might identify a team for Early Warning from soft intelligence.</li><li>A red rating of high vacancies on their own without concerns in fill rates will not identify a ward/team.</li><li>A red rating of fill rates will be considered in relation to safe staffing levels across reg/unreg staff and bed occupancy. This will not automatically lead to a ward/team being identified.</li><li>A team/ward at Enhanced Support level can be stepped down to Early Warning if agreed by the Directorate Clinical Director/Associate Director of Nursing.</li></ul>	<ul style="list-style-type: none"><li>Monitoring led by the clinical Directorate level through their clinical governance structure.</li><li>If a ward/team has been at Early Warning level for 3 consecutive months they will be moved to Enhanced Support unless there is an explanation which will be shared in the Dashboard with the Quality and Clinical Governance (QCG) sub-group. (this starts from June 2024)</li></ul>
Enhanced Support	<ul style="list-style-type: none"><li>2 indicators are red rated across at least 2 of the 4 domains. This is a guide, and a clinical Directorate might identify a team for Enhanced Support from soft intelligence.</li><li>A team/ward at Early Warning level for 3 consecutive months unless there is a clear reason (starting from June 2024).</li></ul>	<ul style="list-style-type: none"><li>Clinical Directorate to identify actions being taken.</li><li>Actions being taken to be reported in the Dashboard and reviewed by the QCG sub-group. Additional support can be requested.</li><li>There may be a request for a more detailed presentation/deep dive at the next QCG meeting to look at the impact of the actions being taken.</li></ul>

## 2. Interactive Contents Page

As the dashboard has grown the below links allow you to move around the sections in the dashboard more easily.

### Contents

3. Overall summary of highlighted wards/community teams.....	5
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### 3. Overall summary of highlighted wards/community teams

The following wards/community teams have been highlighted, split into 2 groups; Enhanced Support and Early Warning. The teams highlighted in [BLUE](#) were identified in last month's Dashboard.

Table 2.

	Enhanced Support (previously known as alert status)	Early Warning (previously known as to keep a watching eye)	
Inpatient Wards	<ul style="list-style-type: none"> <li>• <a href="#">Kestrel</a></li> <li>• <a href="#">Kingfisher</a></li> <li>• Cotswold House Oxford (was in early warning)</li> <li>• Meadow Unit CAMHS (was in early warning)</li> </ul> <p>(see table 5 for detail)</p>	<ul style="list-style-type: none"> <li>• Allen</li> <li>• CAMHS Highfield</li> <li>• <a href="#">CAMHS Marlborough House</a></li> <li>• Cherwell</li> <li>• Sandford</li> <li>• Ruby</li> <li>• Sapphire</li> <li>• Amber</li> </ul>	<ul style="list-style-type: none"> <li>• Bicester community hospital ward</li> <li>• <a href="#">Abbey community hospital ward</a></li> <li>• Didcot community hospital ward</li> <li>• <a href="#">Watling</a></li> <li>• Glyme</li> <li>• Wenric</li> <li>• <a href="#">Evenlode</a></li> </ul> <p>{to see reason for highlighting go to section 7)</p>
Community Teams	<ul style="list-style-type: none"> <li>• <a href="#">Oxon North and West AMHT</a></li> <li>• <a href="#">District Nursing</a></li> </ul> <p>(see table 6 for detail)</p>	<ul style="list-style-type: none"> <li>• Oxon South AMHT</li> <li>• Oxon City and NE AMHT</li> <li>• Bucks Memory Clinic service</li> <li>• Bucks OA South CMHT</li> <li>• Bucks Aylesbury CMHT</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Bucks Chiltern AMHT, East and West</a></li> <li>• <a href="#">Podiatry</a></li> <li>• <a href="#">Children's Integrated Therapies: SLT</a></li> <li>• <a href="#">Heart failure service</a></li> <li>• <a href="#">Special Care and Paediatric Dentistry</a></li> </ul> <p>(to see reason for highlighting go to section 8)</p>

#### 4. Directorate Key Issues and Risks as of October 2024

This is a new section to the Dashboard and details the key issues and risks raised from the clinical directorates.

##### Buckinghamshire MH Directorate

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Memory Assessment Clinical Demand and Capacity Sept 24 avg wait 243 days	Cause: Demand for service outweighing capacity Effect: Increased waiting list Impact: Risk of patient deterioration whilst waiting, unsatisfactory patient care journey	NHS demand and capacity tool used with new staffing numbers- hopeful team will reach 60 day target by Dec 2025. Recruitment drive to service. We have now finished induction and started assessments for 2 x Band 7 (providing 10 assessments), a start date for 1 x Band 6 has been booked for end of Oct 24 (providing 5 assessments), and we have 1 x Band 6 vacancy out to advert (providing 5 assessments), we also have the return of Mat Leave due in Jan 25 (providing 3 assessments) it is hoped that by Feb 2025 we will have increased our assessment slots by up to 18 per week. Consultation with ICB. Monthly meetings to occur with Alzheimer's society to discuss any issues and try to increase uptake to their service- currently around 60% uptake. Review of service highlighted the need for under 65 pathway. Scoping to be done on potential functionality of pathway	For awareness	Reviewed at monthly harm min group with monthly report from service

##### Oxfordshire/BSW MH Directorate

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Concerns Response accommodation: General concerns about the poor quality of provision	Evidence of lack of support for patients, severe self-neglect, poor environments which	Quality assurance visit and report summary shared with Response and action plan developed to address.	For awareness	Weekly meetings with providers to address ongoing quality



	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
	delivered by Response for people with severe and enduring mental health illness.	present significant health and safety risks to patients.  Complaints and safeguarding alerts raised in specific cases.	Implementation of Quality Assurance of accommodation checks being completed by OHFT staff and fed back to Response on a weekly basis with 'Log of Concerns' and the expectation that action is taken against each concern with photographic evidence also provided.  Development of a Quality Assurance framework with Response and Mind to improve service provision in a systematic way.		assurance checks at an operational level Weekly senior leader meetings within the directorate to provide assurance of the action being undertaken 6 weekly meetings to deal with wider remedial action plan
2	ADHD Service – lack of capacity/extended pause to new referrals since April 2024: .	Long waiting list for assessment/delays in offering reviews. No one commissioned to provide annual reviews with risk GPs may stop prescribing medication.  Impact on CAMHS as well as adult services, 6 GPs surgeries are refusing to engage with the shared care protocol for prescribing ADHD medication for under 18yr olds.	<ul style="list-style-type: none"> <li>• Harm minimisation plan in place including plan to start psychoeducation group for patients on the waiting list.</li> <li>• Service being reviewed with input from ICB.</li> <li>• Increased support to staff.</li> <li>• GP commissioner has said that GPs are paid £26 per year, per under 18yr old to prescribe within the shared care protocol.</li> </ul>	Support the local CAMHS management and clinical team to request that GPs engage with the shared care protocol for under 18year olds.	List of GPs not engaging in the shared care protocol is being monitored and discussed with ICB.  Managing Director overseeing plans for Oxon and Bucks.

#### Forensic MH Services

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	Thames House – <ul style="list-style-type: none"> <li>• Enhanced monitoring from commissioners following areas of concern about culture and some areas of practice.</li> </ul>	Impact on staff experience at work. Impact on patients though reduced safety and standards of care that result from low morale and un-cohesive team.	A full action/ support plan is in place covering a range of areas which is monitored via trust governance processes and directly with commissioners weekly.	For awareness	Weekly by the Directorate SMT.

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
	<ul style="list-style-type: none"> <li>Whistleblowing Investigation into concerns raised about team culture</li> <li>Safeguarding strategy meetings being held in relation to a complex patient and the high number of safeguarding referrals.</li> </ul>				
2	Acuity across the service. Specifically with complex patients with long term high dependency and acuity needs.	<p>Impact on staff of working with high complexity and high levels of violence and verbal abuse including racial and sexual.</p> <p>Also an impact on the ability to admit patients who have been assessed as requiring admission.</p>	<p>Managing admissions across the Provider Collaborative network.</p> <p>Additional support for teams.</p> <p>Clinical case reviews for complex patients.</p>	For awareness	Weekly through clinical activity group and network equivalent.

#### Primary, Community and Dental Services Directorate

	Detail about Issue/Risk	Describe impact to patients/staff	Mitigations and actions being taken	Any actions you are requesting from the QCG group?	How is progress being monitored?
1	<p>Demand is exceeding capacity in a number of services, impacting on the ability to deliver planned and urgent care services. Services especially affected:</p> <ul style="list-style-type: none"> <li>- District Nursing</li> <li>- Special Care and Paediatric Dentistry</li> <li>- Heart failure</li> <li>- Podiatry</li> <li>- Children's integrated therapy service</li> </ul>	<p>Delays in treatment, increased waiting time for new referrals and follow up appointments; Increased risk of poor patient outcomes and poor patient experience; Increased patient safety concerns; Increased negative impact to staff morale.</p>	<p>Mitigations are in place for each service affected, however many of the risks remain.</p> <p>See detail in section 8.</p>	Further resource for EMIS optimisation.	<p>Daily District Nursing STIPREP report.</p> <p>At least bi-monthly Service Review meetings for each pathway.</p> <p>Monthly Performance Board meeting.</p>

## 5. Teams with High Vacancies 30% or above

In addition, to the teams/wards highlighted there are a number of areas with a significant number of vacancies, although for the majority the quality indicators reviewed are not showing any concerns.

For all wards the minimum staff fill rates are being met, there are daily and weekly sitreps for staffing in place, and clear escalation plans for inadequate staffing, in addition a monthly report is compiled to give an overview of staffing levels across inpatient areas – this is summarised on the following page. In community teams agency/locums are being used to maintain safe staffing levels,

There are a series of recruitment and retention initiatives being taken to tackle those teams with higher vacancies. Many of the teams have seen small improvements and a reduction in vacancies from last month.

Table 3: The teams with high vacancies, 30% or above, are listed below for oversight across all clinical teams.

Areas with High Vacancies - 30% or above	
<ul style="list-style-type: none"> <li>• Data source Finance based on cost centre</li> <li>• Text with “improved, same, worse” in brackets indicates position against last month</li> <li>• In addition there are a number of separate medical/doctor professional cost centres across the learning disability service, adult and older adult mental health teams and wards with very high vacancies. Locums are being used whilst recruitment initiatives are being used.</li> </ul>	
Inpatient Wards	Community Teams
<ul style="list-style-type: none"> <li>• Kestrel 30.1% (same)</li> <li>• Sandford 29.6% (worse)</li> <li>• CAMHS Meadow PICU 32% (same)</li> <li>• Ruby 32.7% (worse)</li> <li>• Bicester community hospital ward 33.2% (same)</li> </ul> <p>See accompanying excel sheet for the full detailed dashboard for the inpatient wards which includes fill rates by shift.</p>	<p><u>Forensic MH Services</u></p> <ul style="list-style-type: none"> <li>• Mental health in reach service into Prisons Bullingdon (46%, same).</li> </ul> <p><u>Oxon/BSW MH Directorate</u></p> <ul style="list-style-type: none"> <li>• City and NE AMHT 32% (same)</li> <li>• Oxon mental health hubs –City East 31% and Banbury 41%</li> <li>• Maternal mental health 39% (same)</li> <li>• Interventional psychiatry 34% (improved)</li> <li>• CAMHS getting help South 37% (improved)</li> <li>• CAMHS Crisis 35% (improved)</li> <li>• Mental health support team into schools – Abingdon 46%, City 34% and West 35%.</li> <li>• CAMHS LD/ASD Hospital@Home 60% (same)</li> </ul> <p><u>Buckinghamshire MH Directorate</u></p> <ul style="list-style-type: none"> <li>• Aylesbury AMHT 31% (same)</li> <li>• Aylesbury CRHT 34% (same)</li> <li>• PIRLS 38% (worse)</li> <li>• Chiltern East AMHT 41% (improved)</li> <li>• Chiltern West AMHT 35% (same)</li> <li>• OA South CMHT 55% (worse)</li> <li>• CAMHS LD 37% (same)</li> <li>• CAMHS ED 30% (same)</li> <li>• CAMHS Getting More Help 31% (worse)</li> </ul> <p><u>Oxfordshire Primacy, Community and Dental Services</u></p> <ul style="list-style-type: none"> <li>• Podiatry 37% (same)</li> <li>• 0-19 City North 37% (improved)</li> <li>• Rapid Access Care Unit 31% (same)</li> </ul>

**Safer Staffing report summary:**

The monthly Safer Staffing report aims to provide an overview of the staffing levels across Oxford health inpatient areas for the month of September 2024, focusing on the adequacy of staffing to ensure patient safety and quality of care delivered. The data refers to the basic number of nursing and healthcare assistant staff required to run the ward, there are number of staff such as matrons, managers, medics and therapy staff who are not counted in these numbers but also provide care to patients.

September data reveals that during that month no wards fell significantly below their planned CHPPD (Care Hours Per Patient Day). A number of wards were significant above their planned CHPPD which is consistent with the specific clinical challenges in those areas requiring a higher than usual level of staffing due to patient acuity.

CHPPD is calculated by taking the actual hours worked by registered and unregistered staff on the roster divided by the number of patients present at midnight (presented by occupancy).

The data demonstrates that skill mix is not always achieved as planned, Nursing associates are now reported separately and where they are not available unregistered staff will be higher than planned.

The report gives a further breakdown of staffing levels across each directorate by ward and context of the increased temporary staffing levels along with current recruitment and retention work in each area.

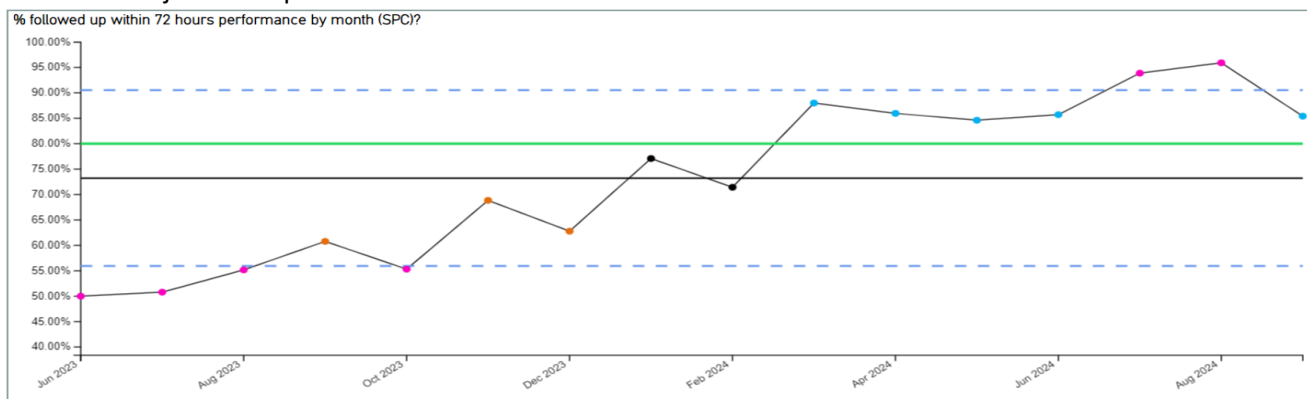
## 6. Performance on inpatients followed up within 72 hours of discharge

In September 2024 **88%** of eligible discharges (n=72) the patient was followed up within 72 hours (national indicator) and 85% within 48 hours (local indicator). The 72 hour follow up performance overtime by directorate is below. Note the beginning of the time period on the SPCs in early 2023 is based on incomplete data due to the IT outage when the Trust was working under business continuity followed by a data recovery period.

The information is based on nationally set rules for reporting, described in previous reports. There are daily mechanisms in place to monitor patients discharged for follow up by the community team and oversight of performance.

### Oxfordshire (based on Directorate)

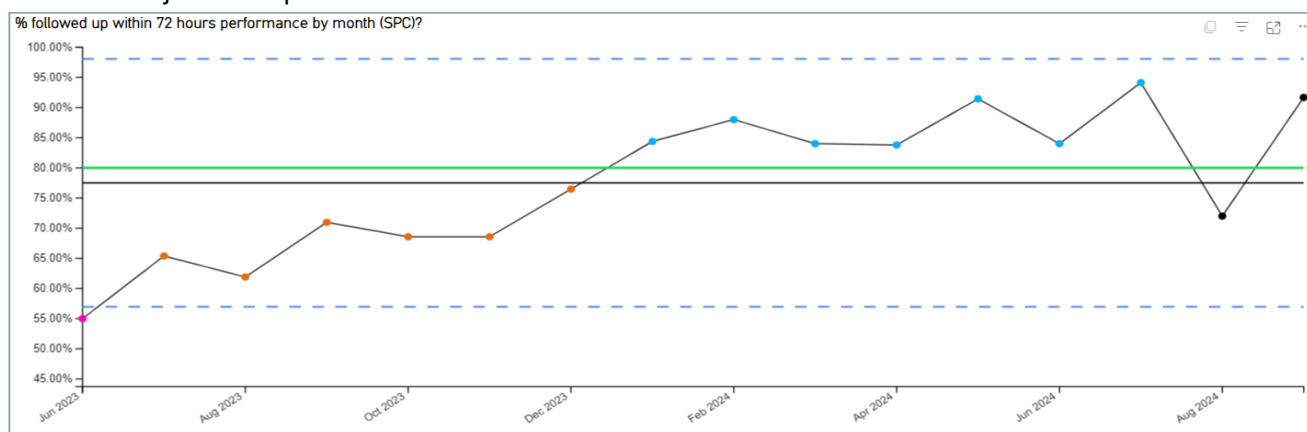
From April-September 2024 there were 304 eligible discharges with performance for 72 hour follow up **87%**. Performance just for September 2024 was 85%.



Ward	Eligible Discharges	Follow up 72 Hour Compliant	Follow up 72 Hour Compliant %
AMHO Allen Ward	58	53	91.38%
AMHO Ashurst PICU	10	8	80.00%
AMHO Phoenix	45	36	80.00%
AMHO Vaughan Thomas	53	46	86.79%
AMHO Wintle	61	49	80.33%
O Older Adult Cherwell	39	39	100.00%
O Older Adult Sandford	38	35	92.11%
<b>Total</b>	<b>304</b>	<b>264</b>	<b>86.84%</b>

### Buckinghamshire (based on Directorate)

From April-September 2024 there were 180 eligible discharges with performance for 72 hour follow up **84%**. Performance just for September 2024 was 92%.



Ward	Eligible Discharges	Follow up 72 Hour Compliant	Follow up 72 Hour Compliant %
AMHB Ruby Ward	63	53	84.13%
AMHB Sapphire Ward	61	47	77.05%
B Older Adult Amber Ward	56	51	91.07%
<b>Total</b>	<b>180</b>	<b>151</b>	<b>83.89%</b>

## 7. Detail about Wards Highlighted

There are four wards identified at Enhanced Support;

- Kingfisher
- Kestrel
- Cotswold House Oxford
- Meadow Unit CAMHS

Further details are on the next page, table 5, with the mitigations and actions being taken.

In addition the following teams/services are identified at an Early Warning level (see accompanying excel sheet for the full detailed dashboard for the inpatient wards);

Table 4.

Directorate	Ward	Reason for highlighting
Oxon and BSW Mental Health	Allen	High vacancies, sickness, use of physical restraint and no patient feedback gathered via IWGC in month
	CAMHS Highfield	High vacancies, use of restraint, low clinical supervision and mandatory training (related to new starters).
	CAMHS Marlborough House	High vacancies and agency use, high sickness, high moderate harm incidents, use of physical restraint, and low clinical supervision.
	Cherwell	High vacancies, sickness, high restraints, low clinical supervision and no patient feedback gathered via IWGC in month.
	Sandford	High vacancies and high use of restraint.
Bucks Mental Health	Ruby	High vacancies, sickness, number of early resolution concerns.
	Sapphire	High vacancies, sickness, number of seclusions, low clinical supervision rate and number of early resolution concerns.
	Amber	High vacancies and number of early resolution concerns.
Primary, Community and Dental Services	Bicester Community Hospital ward	High vacancies and low clinical supervision.
	Abbey Community Hospital ward	High sickness, turnover and low clinical supervision.
	Didcot Community Hospital ward	High vacancies, turnover and sickness. Low clinical supervision.
Forensic Mental Health	Watling	High sickness related to significant incident on the ward. 1 AWOL. 2 rapid resolutions and no patient feedback gathered via IWGC in month.
	Glyme	High vacancies and sickness. Low clinical supervision.
	Wenric	High vacancies and sickness. Low clinical supervision and no patient feedback gathered via IWGC in month.
	Evenlode	High sickness (vacancies reduced) and no patient feedback gathered via IWGC in month.

## Wards identified as needing Enhanced Support

Table 5.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Kestrel and Kingfisher (Thames House)	Yes	<ul style="list-style-type: none"> <li>Concerns raised by the Provider Collaborative following a quality visit to 5 forensic wards on 5th July 2024. Summary of key concerns; challenges within the nursing team dynamics and MDT working, senior leadership presence on the ward, reflective practice is not fully embedded, coordinated safeguarding arrangements, impact on therapeutic timetable for patients, care plans not person centred, medication administration and storage, gaps in physical healthcare.</li> <li>High vacancies, 30% Kestrel and 25% Kingfisher. Staff fill rates good on Kestrel and lower on Kingfisher, but this is intentional due to lower bed occupancy. Clinical supervision low on Kestrel, 79%.</li> <li>High use of restrictive practice on Kestrel, predominantly involving 3 patients.</li> </ul>	<p>A full action/ support plan is in place covering a range of areas which is monitored via trust governance processes and directly with commissioners weekly.</p> <p>Deep dive requested to come to QCG group in Nov 2024.</p>
Cotswold House Oxford	No	<ul style="list-style-type: none"> <li>Series of concerns raised by patients, VoiceAbility and external commissioners from May-Sept 2024.</li> <li>High vacancies (19%, although fill rates maintained) and turnover (19%), use of restraint, low clinical supervision (44%) and no patient feedback gathered via IWGC in month.</li> </ul>	<p>Improvement plan in place and being monitored weekly with input from the Provider Collaborative.</p> <p>Deep dive requested to come to QCG group in Nov 2024.</p>
Meadow Unit, CAMHS PICU	No	<ul style="list-style-type: none"> <li>High vacancies, 32% - agency staff being used. Fill rates ok except for skill change for day shift with more unregistered staff. Turnover 22%. Low clinical supervision</li> <li>High number of moderate incidents and staff injuries.</li> <li>High use of restrictive practice</li> <li>No patient feedback gathered via IWGC in month</li> </ul>	<p>Supervision is at 65% with local data indicating higher compliance. Ward have multiple group and peer supervision sessions.</p> <p>Recruitment on-going, skills mix review taking place to support team.</p> <p>Restrictive practice project in place to support staff team. Daily learning from incidents and MDT review of care.</p>

## 8. Detail about Community Teams Highlighted

Reported on by exception from a review of key activity, quality and workforce indicators, as well as soft intelligence.

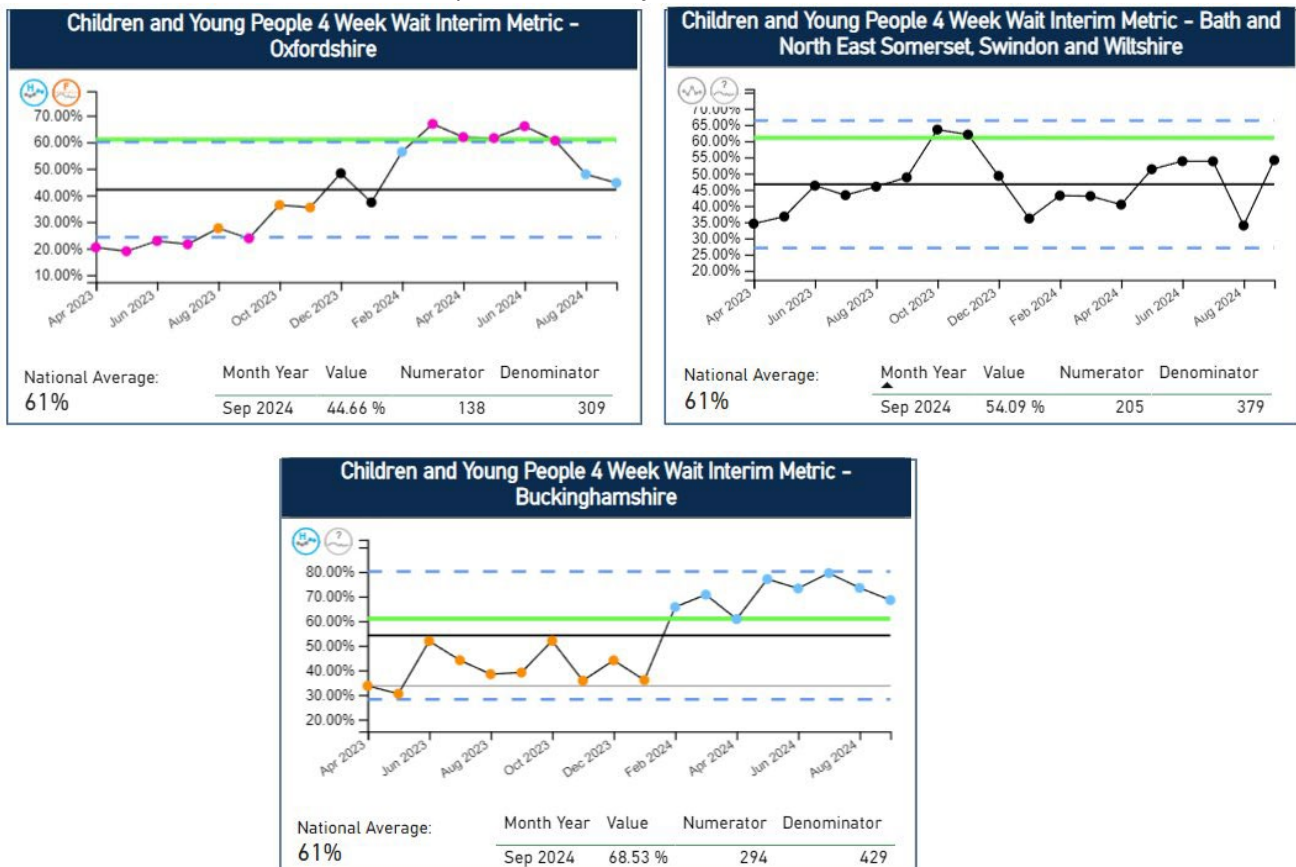
There are two teams identified at Enhanced Support;

- Oxon North and West AMHT
- District Nursing

Table 6 provides further details with the mitigations and actions being taken.

### CAMHS waiting times

Metrics monitored by the trust Integrated Performance Report continue to monitor waiting times for CAMHS Services across trust locations based upon national objectives:



This is an interim metric, which measures one meaningful contact\* within a care episode within the four (4) week period. Following on from the national 4 week wait pilots and the clinically led review of mental health standards, new non-urgent waiting time standards are being introduced for Child and Adolescent Mental Health Services (CAMHS). The Trust will be working to align existing models of care where possible to the new standards during this financial year, reporting will be updated in line with national changes to include the full metric (one contact, SNOMED\*\* intervention or care plan, and baseline outcome measure recorded within the CAMHS pathway within the four (4) week period). There are currently no national targets set and the Trust will be baselining against the national average position.

*\*Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral.*

*\*\*SNOMED is a structured clinical vocabulary for use in an electronic health record.*



#### Actions & Mitigations:

- Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement;
- Reporting will be updated in line with national full metric during this financial year.
- Bath & North East Somerset, Swindon and Wiltshire CAMHS continue reviewing their model of care with the aim of aligning it with the new non-urgent waiting time standards and will carry out a focused piece of work to reduce waiting times in Mental Health Support Teams in schools and colleges.

#### **In addition the following teams/services are identified at an Early Warning level;**

##### Oxfordshire/BSW MH Directorate

- Oxon South AMHT (reason: 5 moderate harm incidents in last 3 months, reduction from Aug to Sept 2024. 2 suspected suicides across last 3 months 2 complaints, 3 rapid resolutions and 1 early resolution received in the last 3 months no particular trend. 9% sickness in Sept 2024)
- Oxon City and NE AMHT (reason: high vacancies 32% resulting in some patients with no allocated worker. However incidents with moderate harm have reduced in Sept 2024 from Aug. 1 PSRIP case identified in Sept 2024 relating to access to treatment. 3 suspected suicides across last 3 months. 1 complaint, 2 rapid resolutions and 3 early resolutions received in the last 3 months no particular trend)

##### Buckinghamshire MH Directorate

- Bucks OA South CMHT (reason: high vacancies 55% and sickness 5.4% in Sept 2024. 12 incidents in the last 3 months mostly relating to medication administration)
- Bucks Aylesbury CMHT (reason: high vacancies 31%. 1 low complaint, 8 rapid resolutions and 6 early resolutions received in the last 3 months, with an increase in Sept 2024 – mostly relating to insufficient care or communication. 10 incidents in the last 3 months, 2 relating to a delay in treatment. 1 unexpected death relating to sepsis)
- Bucks Chiltern AMHT (East and West) (reason: high vacancies East 41% and West 35%. 1 complaint, 3 rapid resolutions and 3 early resolutions raised over the last 3 months with no particular trend. 6 incidents in the last 3 months, no themes or serious harm.

##### Primary, Community and Dental Services Directorate

- Podiatry (reason: high vacancies 37% due to local/national recruitment challenges. Waits for treatment including urgent patients waiting beyond required thresholds to be seen. 11 incidents in last 3 months, July-Sept 2024 related to delays in treatment of which 10 no harm or minor harm). There is a podiatry improvement plan with multiple workstreams that are looking to increase capacity. This includes a review of skill mix (e.g. podiatry assistants) and looking at options for operational optimisation (e.g. triage via EMIS and deferral reporting). A safety netting letter is pending sign off.
- Children's Integrated Therapies; SLT (reason: patients waiting, average 2 year waiting time for assessment, although reducing with 150 of the longest waiters being seen as part of some focused work in the summer), OT and PT. Significant increase in waiting numbers and times to access CIT with demand continuing to outstrip capacity. Service has received no additional investment in recent years – the commissioning review is in process, with stakeholders attending a System Board and is part of the SEND inspection Priority Action Plan. Based on current funding (as of Sept 2024):
  - Physiotherapy has a clinical capacity of 7143 hours, the required capacity to meet the demand is 16,160 hours (shortfall of 126%)
  - SLT has a clinical capacity of 17,747 hours, the required capacity to meet the demand is 22,747 hours (shortfall of 28%)
  - OT has a clinical capacity of 7590 hours, the required capacity to meet demand is 11,188 hours (shortfall of 47%)

CIT have moved to develop new evidence-based pathways and implementation of the balanced model of Universal, Targeted and Specialist intervention. CIT has also adopted an episodic model of care to increase throughput when the school and family are able to support with current strategies and children can be re-referred when their needs have changed. CIT are now exploring the impact of stopping certain pathways through QIA prior to presentation to commissioners at the CIT System Board.

- Heart failure service (reason: waits for treatment/unable to meet 2-week target, current waiting time is 3-4 months due to demand exceeding community capacity; none of the Community heart Failure teams across

BOB are able to see patients within 2 weeks; benchmarking demonstrates Oxon has the lowest community nurse establishment for HF despite having the largest population. The ICB rejected a Business Case submitted to increase HF capacity due to a lack of funding. Mitigations are in place, including a clear Triage SOP; an agreed safety netting letter goes out to any patients on the waiting list; work underway with the EMIS team to optimise reporting from the system.

- Special Care & Paediatric Dentistry (reason: waits for treatment under GA, Children: 230 on waiting list for up to 15 months. Adults: 20 on waiting list for up to 6 months, an additional 39 patients are awaiting an OUH consultant anaesthetist led pre-assessment prior to adding to GA list. 62% of patients are waiting over 18 weeks for treatment. Some additional weekend theatre sessions available from Sept 2024 which will help to reduce the waiting list and time.) Mitigation The service has completed 2 weekend all-day lists (4 sessions). A total of 17 patients were treated utilising these 2 lists. Further all-day weekend lists are planned but OUH is now having difficulty staffing the lists with Advanced Practitioners and Theatre staff due to reduced NHSP rates at weekends OUH has cancelled 2 of the all-day lists which were previously planned.

## Community teams identified as needing Enhanced Support

Table 6.

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
Oxon North and West AMHT	Yes	<ul style="list-style-type: none"> <li>Vacancies high 26.9%, worse than last month. Higher in the Witney team for clinical staff at about 56%. Risk with reliance on agency staff who can leave with no notice leaving patients unallocated and pressures on existing staff. Risk in relation to delays in treatment.</li> <li>Sickness in Sept 2024 was at 8.3%, compared to 6.8% the previous month.</li> <li>Clinical supervision in Sept 2024 77% improvement from last month.</li> <li>1 PSIRP case (July 24) in relation to involving families and delay in treatment.</li> <li>0 complaints, 5 rapid resolutions and 3 early resolutions in the last 3 months relating to insufficient care.</li> </ul>	<p>No real changes in recruitment, adverts currently out. Recent loss of agency staff unexpectedly has further impacted on the team meaning caseloads need reallocating to existing staff who already have high caseloads.</p> <p>Reviewing caseloads within MDT. QI work due to start to focus on review of FACT board model. Support effective allocation.</p> <p>Incidents and complaints discussed in leadership meetings, and action shared.</p> <p>Ongoing service development work within one part of the team (Witney) due to some challenges within the MDT and cultural dynamics. This is the team that is holding more vacant posts and loss of agency workers. Senior leadership team members are joining the weekly local leadership team meetings to offer support.</p>
District Nursing	Yes	<ul style="list-style-type: none"> <li>Growing demand is exceeding capacity and current available resources. The service carries a caseload of around 7,000 patients at any one time. (0 vacancies and sickness 6.9%)</li> <li>Over 8,000 visits a month have been delayed/rolled over each month for the last 3 months. There is a 28%+ gap between funded capacity and demand for the service, and referrals are increasing. The impact of the delays is partially demonstrated in the incident data (n=15 incidents reported in Sept 2024), 2 with moderate/severe harm of which 1 related to capacity and not being able to carry out a visit. The ratio of incidents to visits/patients is low.</li> </ul>	<p>Unable to meet demand on the service, urgent care services supporting essential daily visits (particularly at weekends).</p> <p>The service benchmarks the lowest establishment per population across BOB and at 80% of the national average. Proposals to increase DN capacity were discussed at executive board including increased weekend capacity and roll out of scheduling tools and wound care apps; these will require investment which cannot be delivered at this time. A clinical prioritisation framework is in place to prioritise care. Series of QI projects to improve capacity and manage demand as much as possible.</p>

Teams/Service	In last Dashboard under Enhanced Support?	Reason for Highlighting	Mitigations & Actions
		<ul style="list-style-type: none"> <li>• In the last 3 months (July-Sept 2024) the majority of incidents relate to category 2 pressure damage (developed in service) n=46, medicines administration/supply n=38 and category 3 pressure damage (developed in service) n=22. Out of the 70 incidents with moderate/severe harm 54 related to pressure damage developed in service. Every incident is reviewed to identify if there have been any lapses in care and any learning to share. Most incidents were reported by the South West locality (130 out of total of 374 incidents for the service over the 3 months).</li> <li>• 1 low complaint and 10 rapid resolutions raised in the last 3 months mostly in relation to insufficient care or communication with carer/patient.</li> </ul>	Engagement with ICB and CQC e.g. DN service now agreed as one of the top 5 priorities for BOB ICB – comparison work underway and roundtable review.